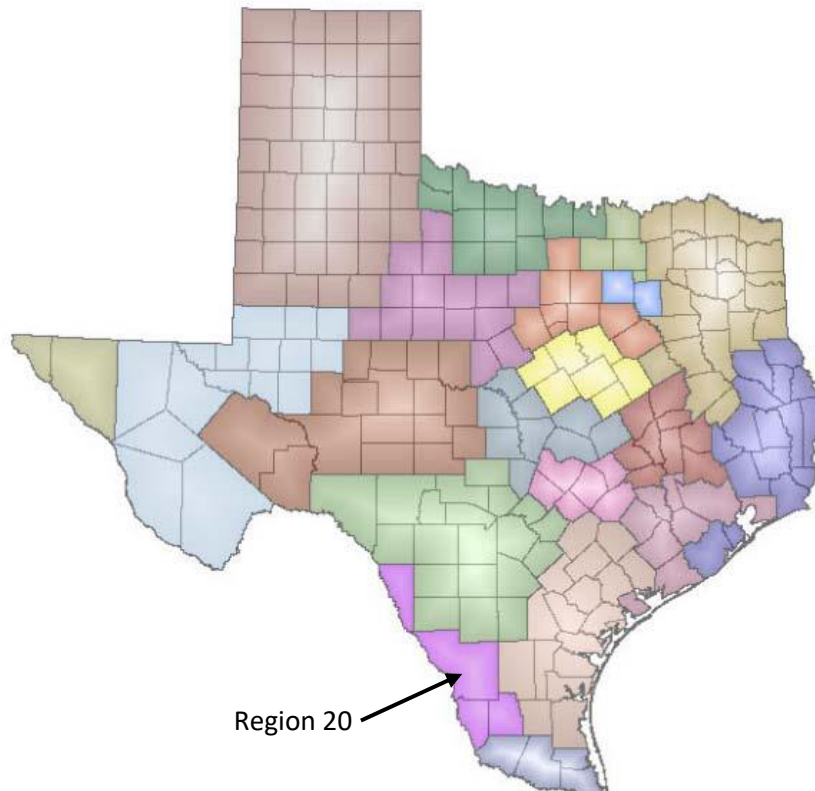

COMMUNITY NEEDS ASSESSMENT

APRIL 30, 2018



REGIONAL HEALTHCARE PARTNERSHIP 20

Jim Hogg County * Maverick County * Webb County * Zapata County

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INTRODUCTION AND BACKGROUND

On December 12, 2011, Texas received federal approval of a Section 1115 Demonstration Waiver intended to preserve a critical hospital funding source under a new methodology and allow for managed care expansion to additional areas of the state. The Texas Healthcare Transformation and Quality Improvement program, also known as Texas's 1115 Waiver, is designed to build on existing Texas health care reform and redesign health care delivery in Texas consistent with Centers for Medicare and Medicaid Services (CMS) objectives to improve the experience of care, improve population health and reduce the cost of health care without compromising quality.

The 1115 Waiver provides incentive payments through the implementation of health care delivery transformation projects as part of the Delivery System Reform Incentive Payment (DSRIP) program. The DSRIP program is administered in 20 distinct regions across Texas known as Regional Healthcare Partnerships (RHPs). Region 20 in South Texas consists of Jim Hogg, Maverick, Webb, and Zapata counties and is led by Webb County as the Anchor entity. As regional Anchor, Webb County conducted a comprehensive community health needs assessment (CNA) in 2012 that served as the basis for the region's DSRIP project development.

The initial 2012 CNA identified the top five categories of need as the following:

- Access to and demand for Primary and Specialty Care
- Expansion of Behavioral Health Services
- Chronic Disease and Disease Self-Management Initiatives
- Patient Navigation and Coordination
- Specialized Children's Health Care

SCOPE AND PURPOSE OF THE 2017 COMMUNITY NEEDS ASSESSMENT

Region 20's 2017 Community Needs Assessment seeks to update the findings of the 2012 CNA toward the following goals:

- Identify health issues, needs, and barriers to health for low-income, uninsured, and Medicaid populations;
- Gain an understanding of the current health care delivery system for low-income, uninsured, and Medicaid populations;
- Update on DSRIP activities on health and health care access since 2012

REGIONAL SUMMARY

Region 20 is comprised of four counties: Jim Hogg, Maverick, Webb, and Zapata. Three of these counties directly border Mexico and the fourth is within a few hours' drive.

This regional community has a disproportionate number of residents living below the poverty level with limited health care access and low level of education. Over the past several years, growth, development and commerce within the Region continue to change the social and demographic face of the population and consequently health care, disease control, prevention and wellness.

Each of these counties is unique, but they also share the following common denominators that serve as rallying points for an underserved population:

- Homogeneity in population (race, language, culture)
- High poverty and unemployment levels
- High uninsured, underinsured, and public health coverage rates
- High risk health factors are prevalent (diabetes, obesity, heart disease)
- Controversial immigration reform policies

REGIONAL HEALTHCARE PARTNERSHIP 20

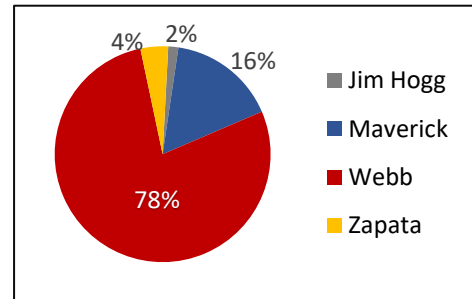


DEMOGRAPHICS

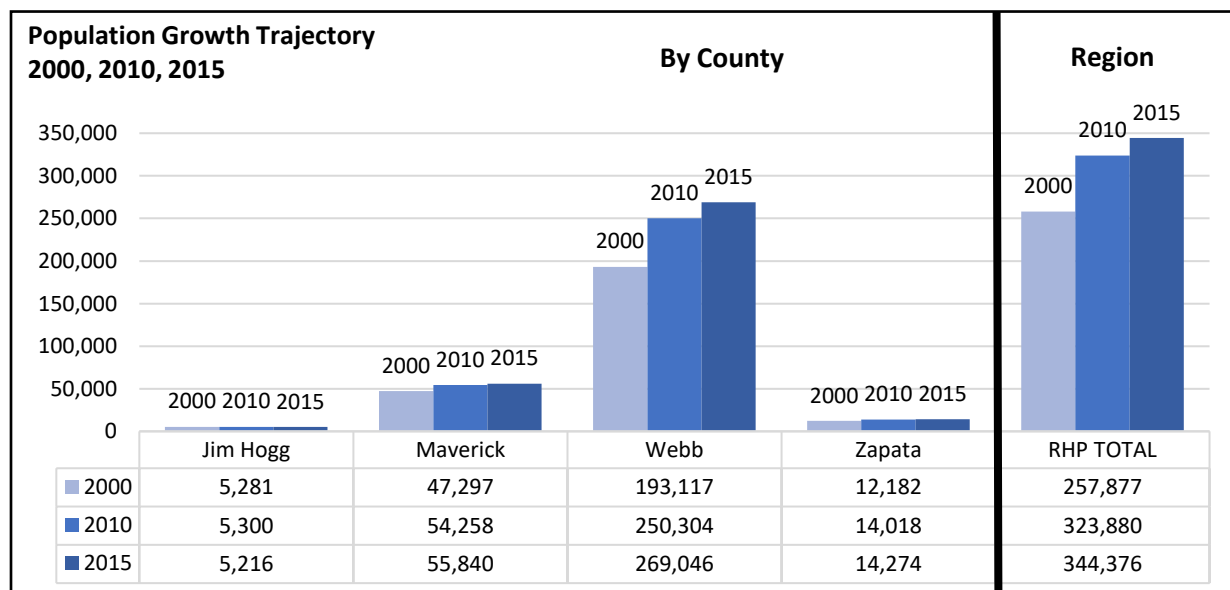
POPULATION

Of the four counties that make up Region 20, Webb County is the largest, both in size and population. Laredo is the county seat and the main inland port of entry in the State of Texas with 51 percent of all truck traffic crossing into Texas from Mexico¹. The 2017 population estimate per county for Region 20 is as follows²:

	Area:	Population:
Jim Hogg County:	1,136 sq. mi	5,202
Maverick County:	1,058 sq. mi	58,216
Webb County:	3,376 sq. mi	274,794
Zapata County:	1,058 sq. mi	14,322



From 2000 to 2015, the population change in this region has been significant with an increase of 86,499 (33.5%) from 257,877 in 2000 to 344,376 by 2015. The surge in population for Region 20 exceeded the Texas growth rate of 31.7% and national rate of 14.2% during this same period.³ As the population in Region 20 continues to increase, there is a predictable growth in the demand for access to health care and a demand for health care infrastructure needed to keep pace with the demand ratio equivalency. With the expected continued increase in population, various economic factors will continue to follow similar trends.



¹ <https://comptroller.texas.gov/economy/economic-data/ports/laredo.php>

² <https://www.census.gov/quickfacts>

³ <https://factfinder.census.gov/>

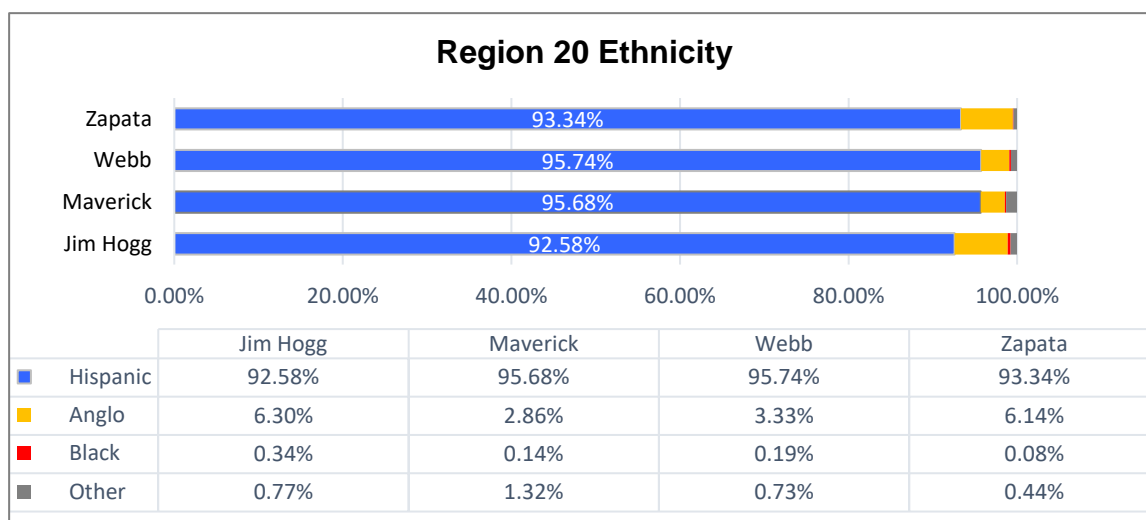
AGE / GENDER

The age and gender of county residents in Region 20 compared to the national census indicate a growth trend within the region that contributes to health care demand:

- 50.4% is female which is on pace with the national average of 50.8%
- 32.3% is under the age of 18 which exceeds the national average of 22.8%
- 9.5% is under the age of 5 which exceeds the national average of 6.2%⁴

RACE / ETHNICITY / LANGUAGE

Over 90% of the population in Region 20 self-identifies as being of Hispanic ethnicity, with the highest concentration being in Maverick and Webb counties, 51,914 (95.68%) and 239,653 (95.74%) respectively.



According to the Pew Research Center, the Hispanic population across the United States reached nearly 58 million by 2016. This accounts for almost 18% of the nation's total population⁵. Predictors indicate that this rate of growth will slow over time due to immigration trends and a decrease in fertility rates amongst Hispanic women. Region 20 serves a large section of the South Texas border, and immigration concerns such as DACA (Deferred Action for Childhood Arrivals) and Texas SB4 (Senate Bill 4) in particular impact Hispanic community residents. Among county residents of Region 20, the percent of those age five and above whom speak another language other than English is 85.8% compared with the national average of 21.1%. Definitions and perceptions tied to race, ethnicity, and language continue to serve as barriers in access to equitable healthcare.⁶

⁴ <https://www.census.gov/quickfacts>

⁵ www.pewresearch.org/fact-tank/2017/09/18/how-the-u-s-hispanic-population-is-changing

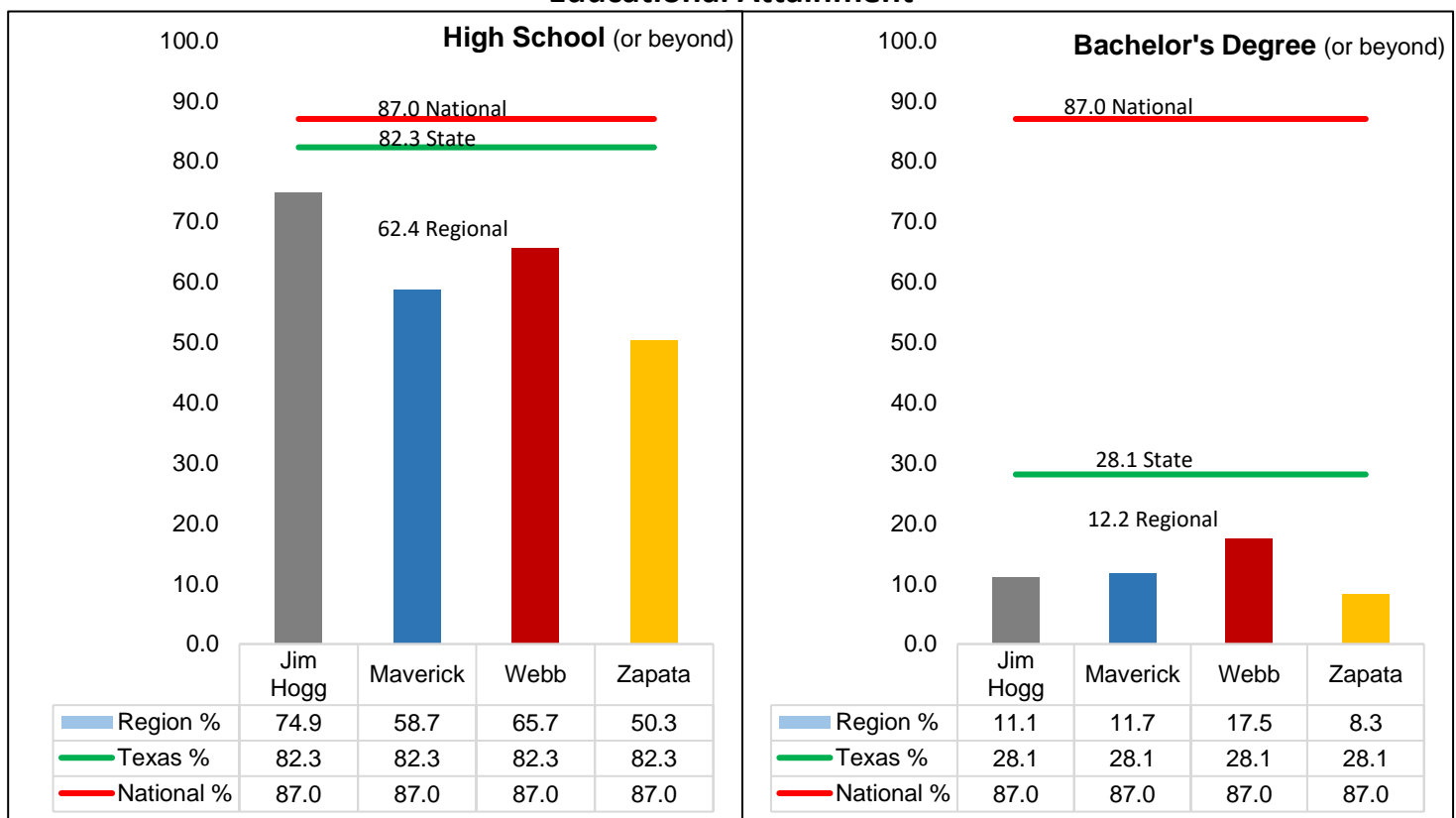
⁶ <http://www.statsamerica.org/USCP/comparison.aspx>

Demographics as of 2017 ⁷	Texas	Webb	Jim Hogg	Zapata	Maverick
Population	27,469,114	274,794	5,202	14,322	58,216
AGE					
below 18 years of age	26.30%	33.90%	30.30%	33.50%	31.80%
65 and older	11.70%	8.90%	16.00%	11.80%	11.70%
RACE / ETHNICITY					
African American	11.80%	0.30%	0.50%	0.30%	0.30%
American Indian and Alaskan Native	1.00%	0.60%	0.60%	0.50%	1.60%
Asian	4.70%	0.70%	0.80%	0.20%	0.50%
Native Hawaiian/Other Pacific Islander	0.10%	0.00%	0.00%	0.00%	0.00%
White - Hispanic	38.80%	95.20%	91.60%	93.90%	95.00%
White - Non-Hispanic	43.00%	3.80%	6.50%	5.40%	3.20%

INCOME AND EDUCATION

According to the U.S. Census Bureau, per capita personal income and educational attainment rates (high school or beyond) for counties in Region 20 are far below both the state and national average⁸.

Educational Attainment



⁷ <https://www.census.gov/quickfacts>

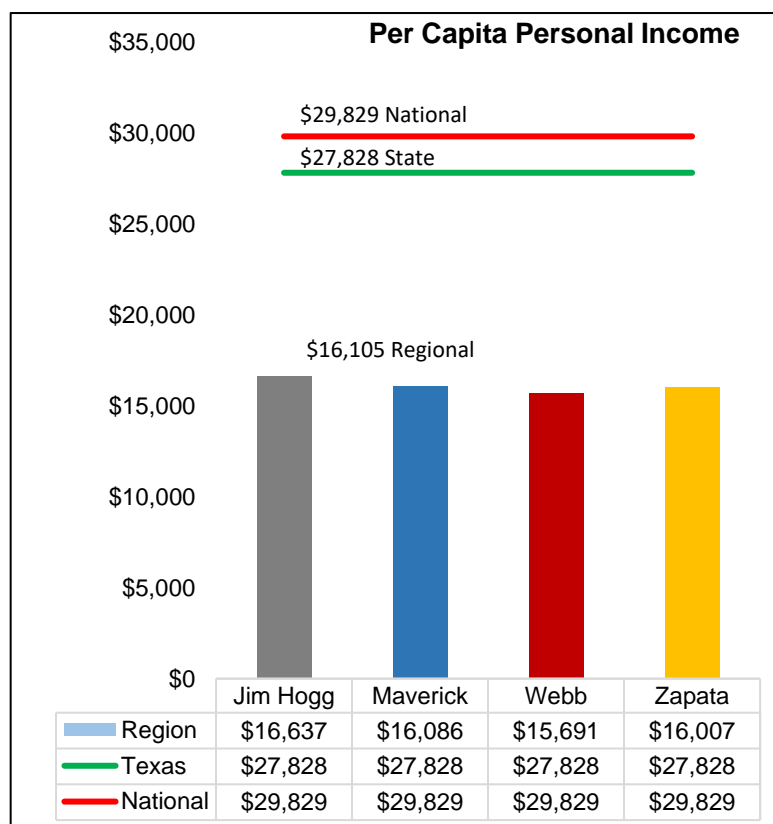
⁸ <https://www.census.gov/quickfacts>

A 2015 fact book titled “The Condition of Latinos in Education” prepared by the research group *Excelencia in Education* cites several disparities which exist in Hispanic communities.

- In K-12, Latino students with lower educational attainment are far less likely to enroll in early education activities and have lower average scores in math and reading.
- The high school success rates for Latino students remain low while dropout rates remain high compared to other groups.
- College bound Latino students have lower scores in college placement exams such as the American College Test (ACT) and the Scholastic Assessment Test (SAT).
- Latino students have increased participation in higher education, but their completion rate and postgraduate work remain low.⁹

While disparities continue to exist, there remains a direct correlation to healthcare access. Limitations in educational opportunities and successful completions past high school as compared to other groups highlight a need tied to perception.

Lower educational attainment can be correlated to lower per capita income due to a lack of better employment opportunities.

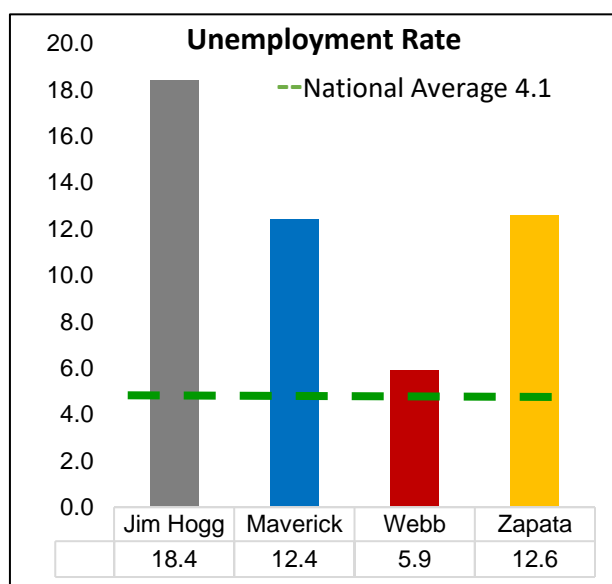


⁹ <https://www.edexcelencia.org/research/publications/condition-latinos-education-2015-factbook>

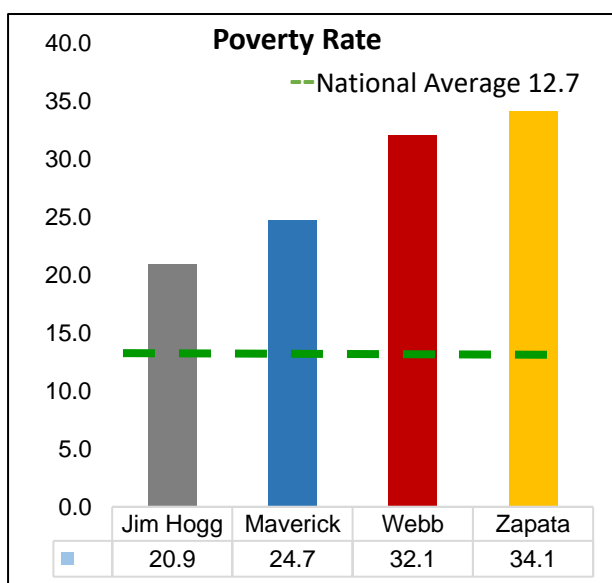
EMPLOYMENT / POVERTY

The link between poverty and unemployment rates are evident. Higher poverty rates predict increases in unemployment over time. The South Texas economy, in particular, saw a resurgent increase in employment with the Eagle Ford Shale fracking boom in 2008 and an accompanying bust from 2014 and beyond. Increased cash flow to the region was followed up by the “bust” period, which left many of our communities in disarray, and directly impacted each county’s infrastructure. ¹⁰

The most current unemployment rate averages available from the American Community Survey show a recurring theme of lack of participation in the labor force from Region 20 residents. The national unemployment average for the current reporting period is 4.1%¹¹ while the average percentage for the four counties in Region 20 is 12.33%¹².



Further examination of the poverty rates indicates that our regional average of residents who lie at or below the federal guidelines for poverty are much higher than the national average. The national average is 12.7%, while the regional average is more than double at 27.95%¹³.



¹⁰ <https://www.mysanantonio.com/business/eagle-ford-energy/article/How-big-was-the-oil-boom-in-South-Texas-A-new-11234512.php>

¹¹ <https://countryeconomy.com/unemployment/usa>

¹² <https://factfinder.census.gov/>

¹³ <https://www.census.gov/topics/income-poverty/poverty.html>

According to the Health Poverty Action Council, the direct link between increased poverty rates and healthcare include the following:

- “The economic and political structures which sustain poverty and discrimination need to be transformed in order for poverty and poor health to be tackled.
- Marginalized groups and vulnerable individuals are often worst affected, deprived of the information, money or access to health services that would help them prevent and treat disease.
- Very poor and vulnerable people may have to make harsh choices – knowingly putting their health at risk because they cannot see their children go hungry, for example.
- The cultural and social barriers faced by marginalized groups – including indigenous communities – can mean they use health services less, with serious consequences for their health. This perpetuates their disproportionate levels of poverty.
- The cost of doctors’ fees, a course of drugs and transport to reach a health center can be devastating, both for an individual and their relatives who need to care for them or help them reach and pay for treatment. In the worst cases, the burden of illness may mean that families sell their property, take children out of school to earn a living or even start begging.”¹⁴

Communities within Region 20 face high poverty rates and sustainable models for transformational healthcare are developing and best practices being shared amongst Region 20 partners and providers.

BIRTH / MORTALITY RATES

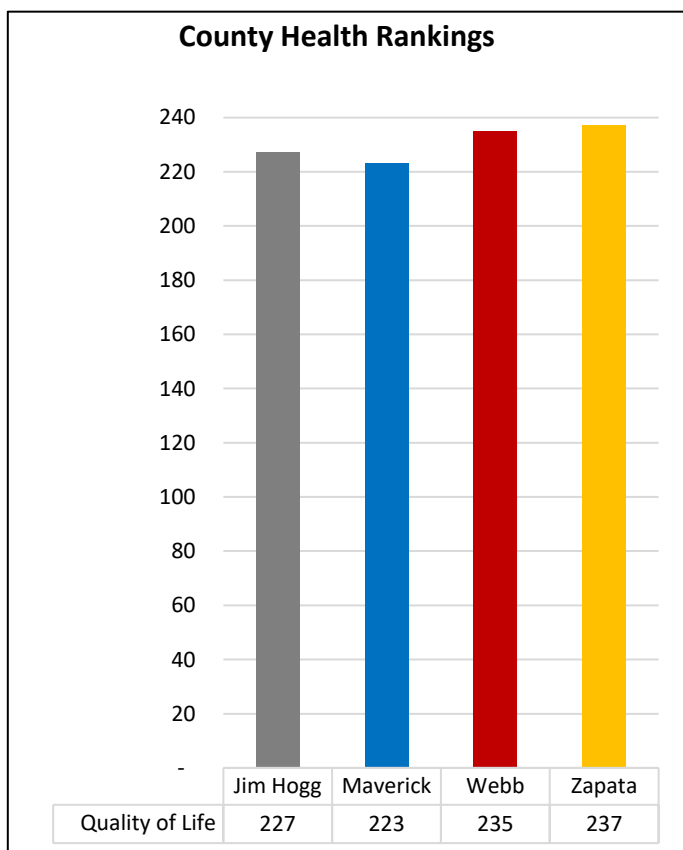
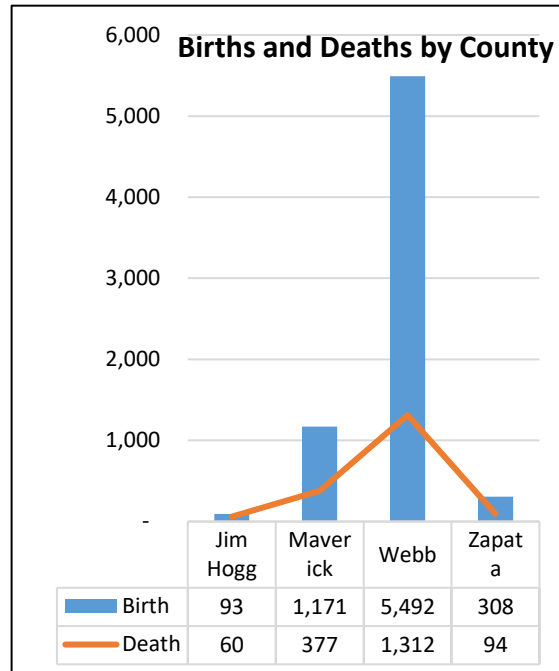
According to the National Vital Statistics Report, the national birth rate amongst Hispanic females ages 10-19 has shown a negative percentage change amongst all states and counties in the USA. The Texas Department of State Health Services lists the state birth rate in 2013 at 14.6 per 1,000 population and the state mortality rate at 6.7 per 1,000.¹⁵ Though the national and state trends indicate a slower pace, the counties within Region 20 show an increase in teen births. This implies

¹⁴ <https://www.healthpovertyaction.org/info-and-resources/the-cycle-of-poverty-and-poor-health/key-facts>

¹⁵ <http://dshs.texas.gov/chs/vstat>

that there is a necessary increase in demand on the health system in order to deal with high-risk pregnancies and deliveries.

In 2013, there were 7,064 births and 1,843 deaths in Region 20 with the largest population increase in Webb County. The regional birth rate was 21.8 per 1,000 which is higher than the state birth rate of 14.6 for the same time period. The regional mortality rate was 5.7 per 1,000 which was lower than the state (6.7).



Birth and mortality rates have a direct correlation with quality of life. *County Health Rankings and Roadmaps* assigns a score between 1 and 242, based on multiple variables, that assesses how each county ranks when compared to others. This score is based on the number of adults reporting fair or poor health, the number of reported poor physical or mental health days, and the percentage of live births with low birthweights. A higher score indicates worse performance. Each county in Region 20 scored over 220 in regards to Quality of Life¹⁶. Providers within Region 20 recognize the negative significance of this score and are collaborating to improve these outcomes.

¹⁶ <http://www.countyhealthrankings.org/>

INSURANCE COVERAGE

Insurance coverage and dependency on Medicaid coverage is substantial throughout the health care delivery sector. A report on health insurance coverage in the United States, based on Current Population Survey Annual Social and Economic Supplements (CPS ASEC) and the American Community Survey (ACS), found that

- In 2016, private health insurance coverage continued to be more prevalent than government coverage, at 67.5 percent and 37.3 percent, respectively.
- Of the subtypes of health insurance coverage, employer-based insurance covered 55.7 percent of the population for some or all of the calendar year, followed by Medicaid (19.4 percent), Medicare (16.7 percent), direct-purchase (16.2 percent), and military coverage (4.6 percent).¹⁷

The Texas Medical Association cites Texas as the “uninsured capital of the United States. More than 4.3 million Texans - including 623,000 children - lack health insurance. Texas' uninsured rates, 1.75 times the national average, create significant problems in the financing and delivery of health care to all Texans. Those who lack insurance coverage typically enjoy far-worse health status than their insured counterparts.”¹⁸

Averages across Region 20 indicate higher percentage rates in Medicaid, lower numbers in employee provided coverage, and lower numbers in direct-purchase of private insurance. Based on population data, those who suffer are primarily Hispanic and live below the national poverty rate. Current data indicates that 31% (108,637) individuals in Region 20 are uninsured and 41% (145,905) have public health coverage such as Medicare, Medicaid, and CHIP.

County	Medicare ¹⁹	Adult Medicaid	Children's Medicaid	CHIP ²⁰	Uninsured	Private Insurance
Jim Hogg	933	467	1,003	74	1,249	1,477
Maverick	9,958	4,839	11,445	1,262	18,047	2,665
Webb	31,414	17,927	55,822	4,617	85,187	79,827
Zapata	1,867	976	3,133	170	4,154	4,022
REGION TOTALS	44,172 12%	24,209 7%	71,402 20%	6,122 2%	108,637 31%	97,911 28%

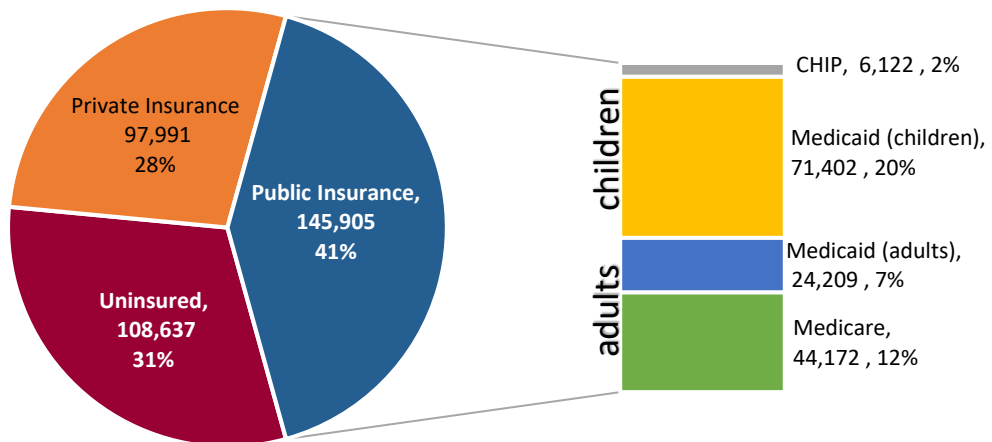
¹⁷ www.census.gov/library/publications/2017/demo/p60-260.html

¹⁸ www.texmed.org/Uninsured_in_Texas

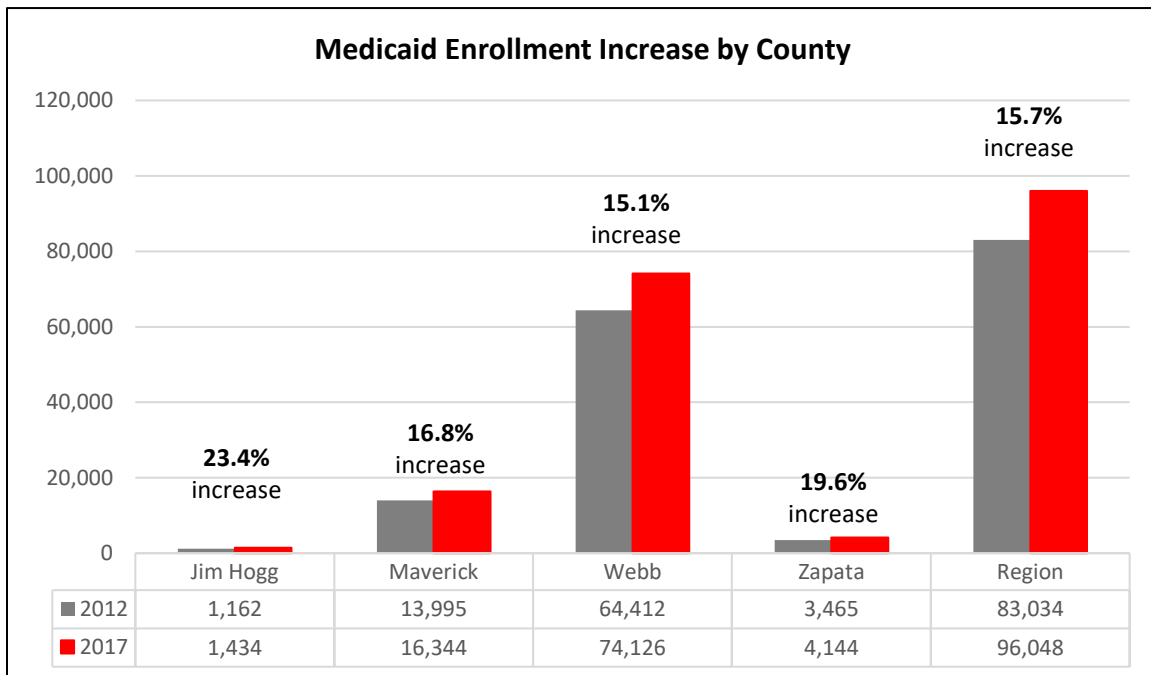
¹⁹ <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html>

²⁰ <https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/healthcare-statistics>

Regional Health Coverage (total population: 352,533)



In 2012, the Medicaid enrollment was 83,034 in Region 20 and increased by a rate of 15.7% to 96,048 in 2017²¹. The individual counties showed increases as follows:



An increase in the count of uninsured and/or underinsured as well as an increase in Medicaid enrollment coincides with a population growth over time. These increases will continue to impact the region's health infrastructure; therefore, continued support from transformational

²¹ <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html>

and innovative programs such as the 1115 Medicaid Waiver will continue to be necessary to increase access to healthcare and improve the quality of care available.

HEALTH CARE INFRASTRUCTURE OVERVIEW

Texas continues to have a shortage of many types of health care providers. Based on past and projected demographic trends, this shortage is expected to continue for the foreseeable future and likely to worsen because of retirements and the lack of new recruits. In Region 20, half of the regional counties lack basic health care facilities and medical professionals while the other two counties have limited capacity.

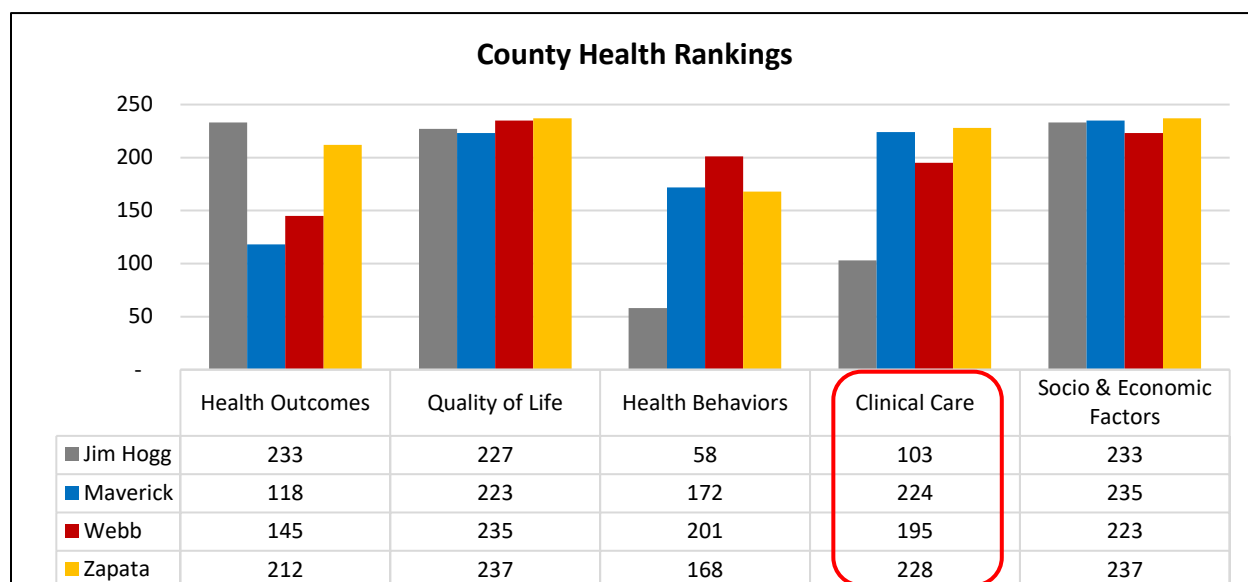
- Hospitals – two counties lack hospital facilities
- Hospital District – one county has a hospital district but no hospital
- Federally Qualified Health Center (FQHC) – at least one FQHC per county
- Local Mental Health Authority (LMHA) – two counties lack a LMHA
- Urgent Care Clinics – two counties lack urgent care clinics
- Local Health Department – one county has a local health department
- Medical Professionals – two counties lack medical professionals
- Community Health Workers – two counties lack community health workers

INFRASTRUCTURE OVERVIEW	JIM HOGG	MAVERICK	WEBB	ZAPATA
Hospitals	0	1	4	0
Hospital District	0	1	0	0
Federally Qualified Health Center	1	4	2	1
Local Mental Health Authority	0	1	1	0
Urgent Care Clinic	0	2	11	0
Local Health Department	0	0	1	0
Medical Professionals	0	27	123	0
Community Health Workers	0	73	62	0

HEALTH PROFESSIONAL SHORTAGE AREA / MEDICALLY UNDERSERVED AREA

Region 20 is designated as a Health Professional Shortage Area (HPSA) as well as a Medically Underserved Area (MUA) with each county listed as “high needs” in primary care and mental health shortages respectively. A lack of healthcare providers attributes to low performance for

Region 20 in regards to Clinical Care. On a scale of 1-242, with a higher score indicating worse performance, Region 20 has an average rank of 187 with one county ranked as 228.²²



Throughout the United States, there are geographic areas, populations, and facilities with shortages of primary health care, dental, and mental health providers and linking services. Medically Underserved Area (MUA) status is designated to areas or populations having a shortage of personal health services according to U.S. Department of Health and Human Services rules. Eligibility for designation as an MUA is based on the demographics of the entire population in an area compared to national statistics for four health care demand/resource indicators:

- the population to provider ratio;
- the percent of the population below the federal poverty level;
- the percent of the population over age 65; and
- the infant mortality rate.²³

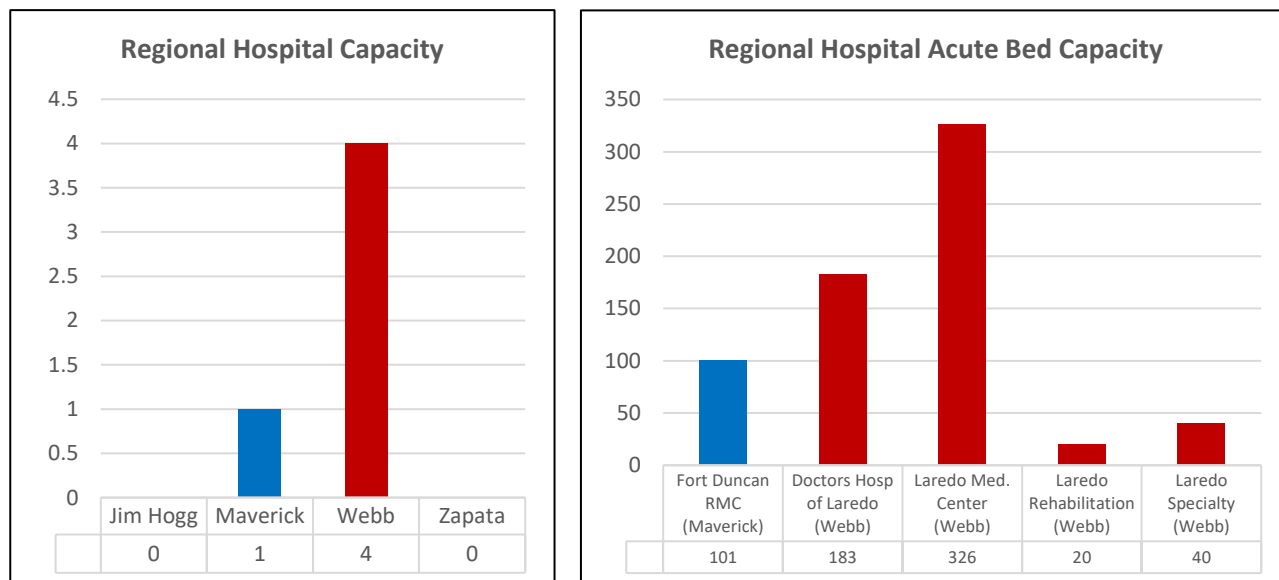
HOSPITALS / HOSPITAL DISTRICT

Jim Hogg, Webb, and Zapata counties do not have a public hospital or hospital district, while Maverick County's Hospital District operates a clinic but does not operate a hospital. There are four private hospitals in Webb County with 569 acute beds and Maverick County has one hospital

²² <http://www.countyhealthrankings.org/app/texas/2018>

²³ www.bhw.hrsa.gov/shortage-designation/muap

with 101 acute beds²⁴. Zapata and Jim Hogg counties do not have any hospital beds and Region 20 has no psychiatric hospital beds. The burden that hospitals face with limited bed space continues to be a challenge. These safety net hospitals rely on over 30% coverage from Medicaid.



FEDERALLY QUALIFIED HEALTH CENTERS

Federally Qualified Health Centers (FQHCs) are public and private non-profit health care organizations that are located in high need communities. FQHCs can also include migrant health centers, health care for the homeless centers, public housing primary care centers, and outpatient health programs or facilities that deliver comprehensive care to uninsured, underinsured, and vulnerable patients regardless of ability to pay.²⁵

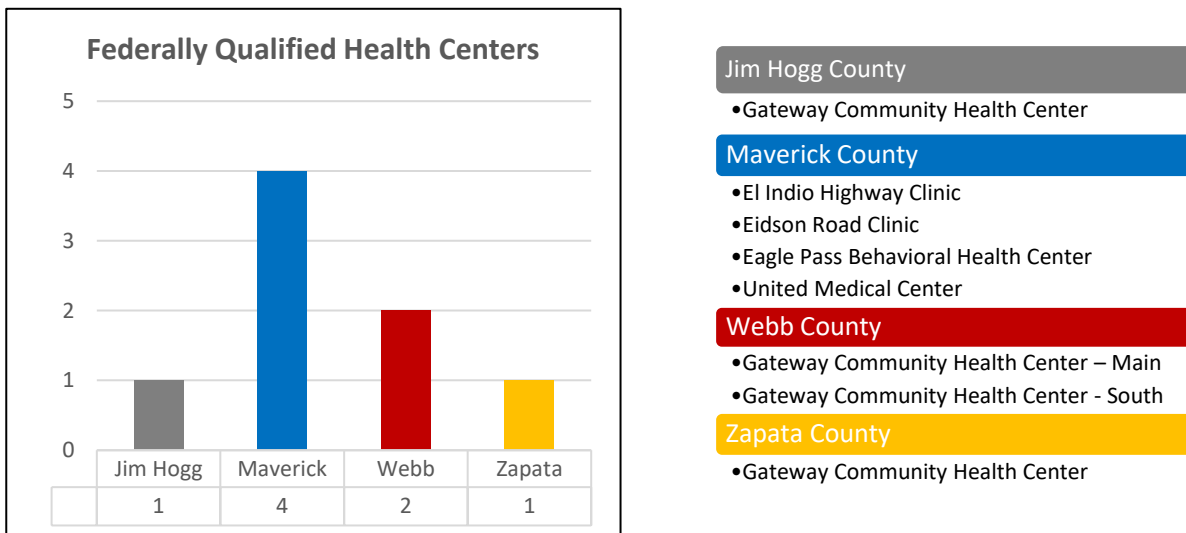
Region 20 is comprised of multiple high-need communities with eight FQHCs in the region. The rising number of patients that are underinsured, uninsured, and living below the poverty line remains a constant. FQHCs are on the frontlines of integrated healthcare since a patient can receive a variety of services. The comprehensive and cost effective primary care provided at these facilities is estimated to save 24% per Medicaid patient when compared to other providers²⁶. The variable in access and service provision are expanded service sites and hours, as

²⁴ <http://www.dshs.texas.gov/chs/hosp/hosp5/>

²⁵ <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/federally-qualified-health-centers-fqhcs>

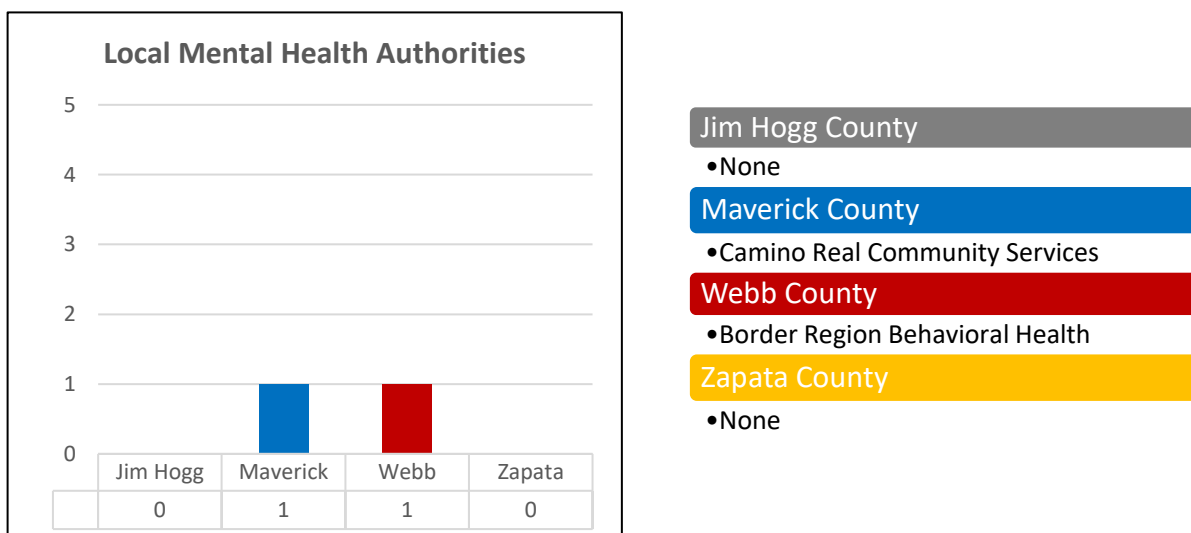
²⁶ http://www.nachc.org/wp-content/uploads/2018/01/TX_18.pdf

well as improved service delivery since the services provided are based on their respective community's distinctive needs.



LOCAL MENTAL HEALTH AUTHORITIES

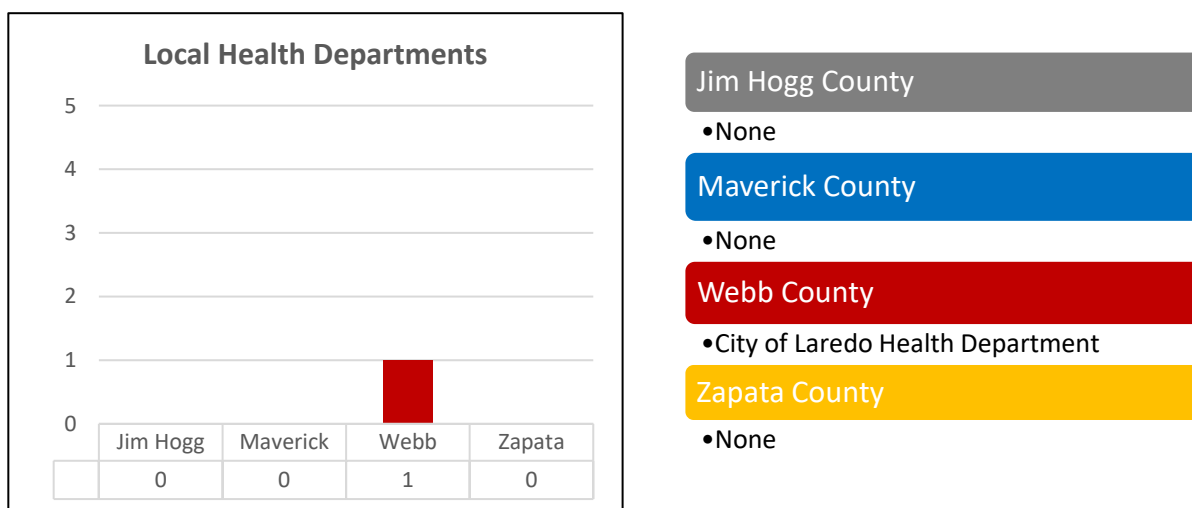
Local Mental Health Authorities (LMHAs) are contracted by the Department of State Health Services (DSHS) to deliver mental health services in their respective local service areas.²⁷ Region 20 has two LMHAs located within the region that provide mental health services to residents in their respective and surrounding counties. However lack of behavioral/mental health providers in the region results in higher emergency department utilization as patients are not able to receive the necessary services.



²⁷ <https://dshs.texas.gov/mhsa/lmha-list/>

LOCAL HEALTH DEPARTMENTS

Local Health Departments (LHDs) provide preventive health services such as immunizations, chronic disease management and prevention, public health emergency preparedness, disease surveillance, environmental health services, health education and promotion, as well as other services determined by the needs of their respective communities²⁸. Region 20 has only one LHD that is located in Webb County and provides health services to residents in Jim Hogg, Webb, Zapata, and other surrounding counties. Maverick County does not have a local health department but the Maverick County Hospital District operates a clinic.

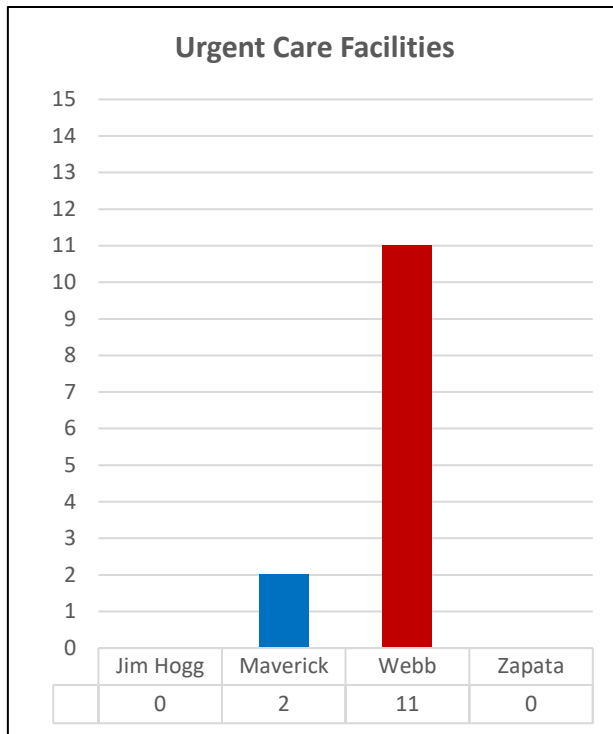


URGENT CARE FACILITIES

Urgent Care facilities are medical clinics that are equipped to treat non-life threatening illnesses and injuries that need immediate care but are not serious enough to require care at the hospital emergency department. Many of these facilities offer on-site radiology and laboratory services. These facilities accept walk-in patients during their hours of operation without prior appointments²⁹. Region 20 has thirteen urgent care clinics located within the region that provide non-emergency health services to residents in their respective and surrounding counties.

²⁸ <http://www.dshs.texas.gov/rls/localservices/>

²⁹ <http://www.ucaoa.org/?page=IndustryFAQs>



Jim Hogg County

- None

Maverick County

- United Medical Center – Main Clinic
- United Medical Center – Veterans Blvd Clinic

Webb County

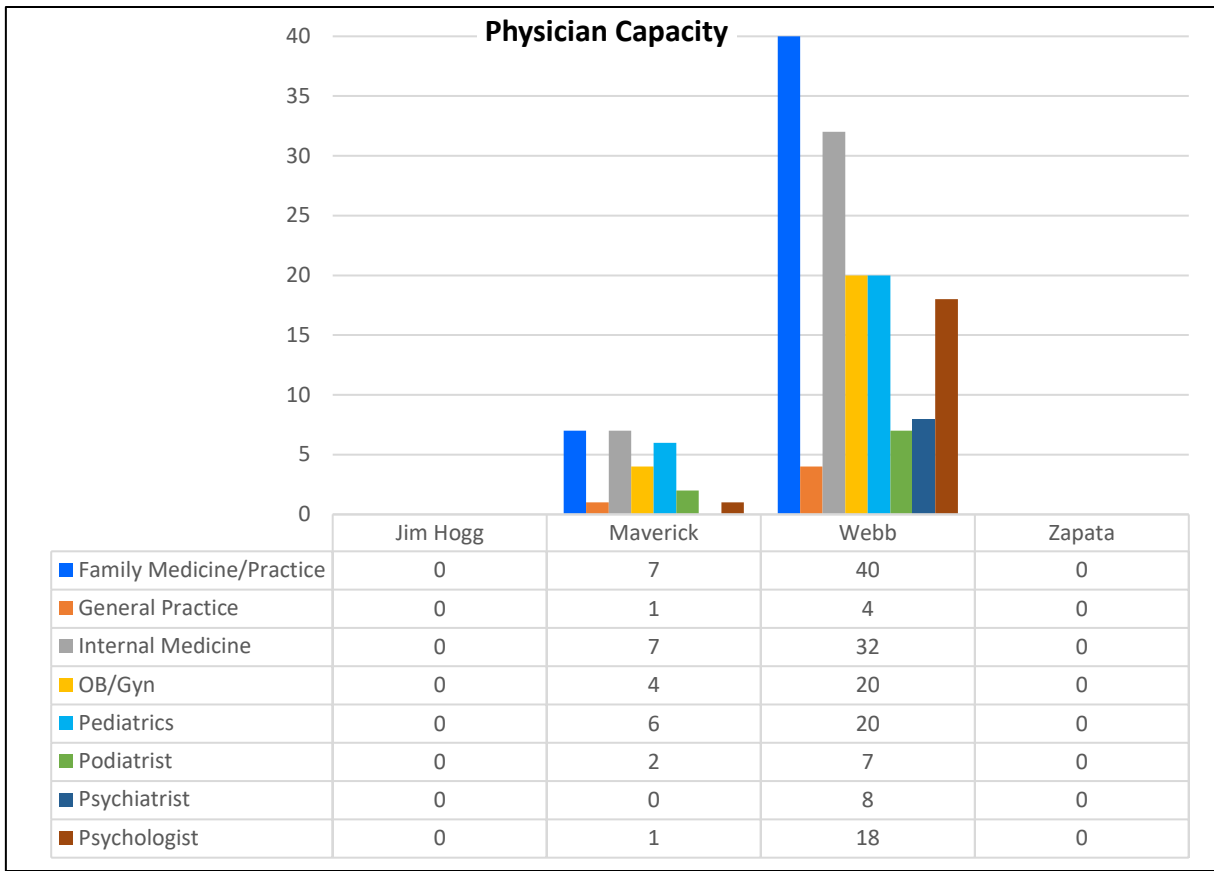
- Doc-Aid Urgent Care
- Gateway Community Health Center – Main Clinic
- Gateway Community Health Center – South Clinic
- Laredo Care Clinic – North Clinic
- Laredo Care Clinic – South Clinic
- Laredo Minor Emergency Clinic
- Laredo Premier Health Care
- Nuestra Salud Family Health Clinic
- Valley Day & Night Clinic
- Vital Med Urgent Care – North Clinic
- Vital Med Urgent Care – South Clinic

Zapata County

- None

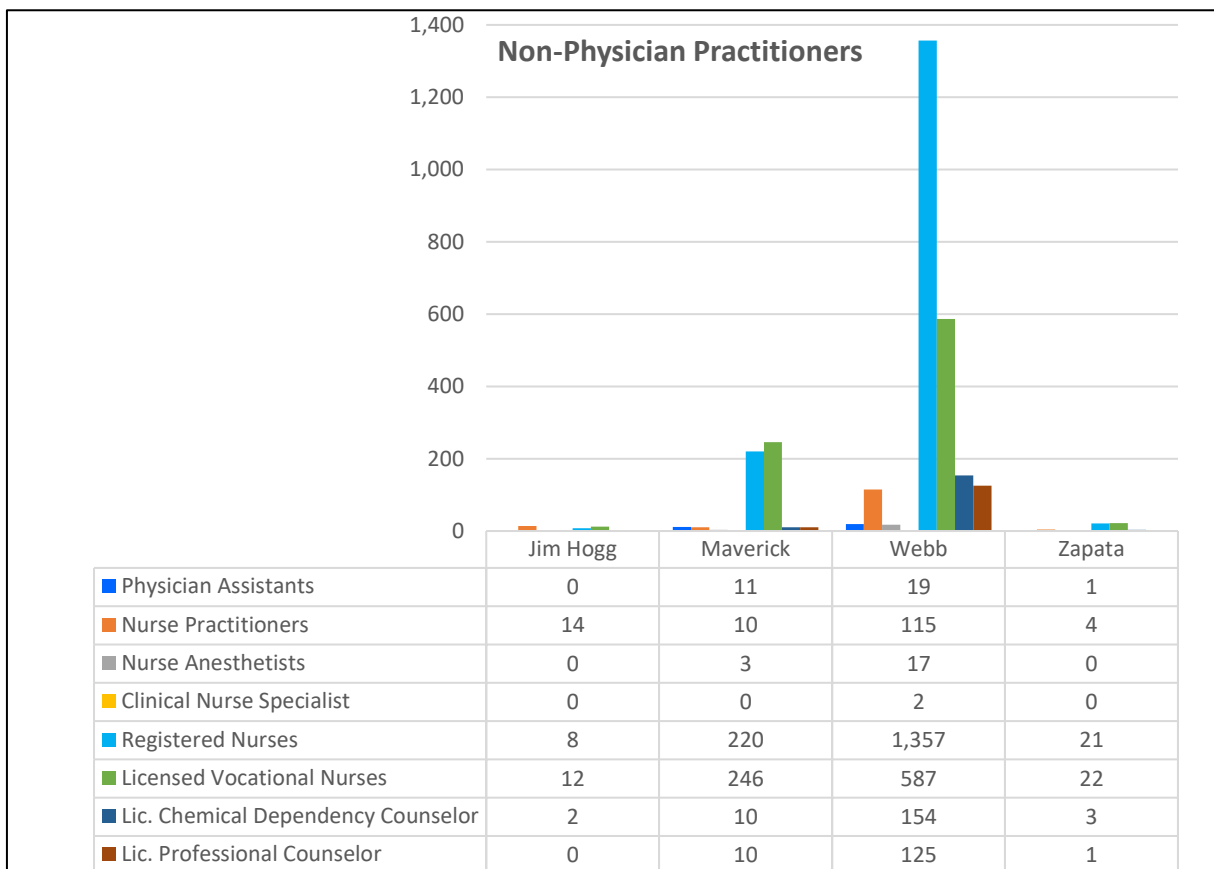
MEDICAL PROFESSIONALS / NON-PHYSICIAN PRACTITIONERS

Region 20 is greatly affected by the limited physician capacity in primary and specialty care areas. In response to the limited physician capacity, local providers have looked to mid-level, non-physician practitioners such as physician assistants, advanced practice registered nurse, and certified registered nurse anesthetists to alleviate patient demand. Half of the counties in Region 20 do not have any licensed medical professionals, which results in residents having to travel over two hours roundtrip to surrounding counties to receive healthcare services. Although there are more medical professionals in Maverick and Webb counties, the availability of specialty care providers is limited so these residents have no other option than to seek specialists in other regions or go without adequate care and treatment.



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COMMUNITY HEALTH WORKERS

According to the World Health Organization, community health workers reduce inequity in access to health care with a particular emphasis on the positive impact they have in underserved populations.³² Commonly referred to as “promotoras”, these individuals serve an important role within each community. They link residents to healthcare options and most importantly education. A *promotora* is often the first person in the link between an underserved and uninsured population and the healthcare system. Cultural barriers, including language differences and poverty necessitate a place and role for community health workers that serve on the frontlines, and provide a unique level of care and concern that place a gentler face on an often confusing system. *Promotoras* proudly serve within each of our counties. A 2017 Annual report indicates that there are three independent Community Health Worker associations within Region 20 with 134 registered *promotoras*.³³



PROVIDER INITIATIVES

There are several HHS-funded initiatives operating in region 20. According to the U.S. Department of Health and Human Services’ Tracking Accountability in Government Grants System (TAGGS), in 2017 the following initiatives which serve to enhance the region’s health care delivery network were funded:

- Erasing Barriers: Partners in HIV & Mental Health - City of Laredo Health Department (Webb County)
- Health Center Cluster program – Gateway Community Health Center (Webb County)
- Health Center Cluster program – United Medical Centers (Maverick County)
- Substance Abuse Prevention and Treatment Block Grant – Border Region Behavioral Health Center (Webb County)³⁴

³⁰ <http://dshs.texas.gov/chs/hprc/health.shtm>

³¹ <http://dshs.texas.gov/chs/hprc/health.shtm>

³² www.who.int/hrh/community/en

³³ dshs.texas.gov/mch/chw/reports

³⁴ <https://tags.hhs.gov/SearchAdv/AdvSearchResults>

In addition to these HHS-funded initiatives, providers across different organizations in Region 20 participate in initiatives at the local, state, and federal level in programs that not only work to improve health care but also focus on improving educational opportunities, improve nutrition, and promote emergency preparedness and response. Additionally, institutional health care providers in Region 20 are eligible to participate in Medicaid Supplemental Payment programs that help these providers offset the cost of uncompensated care and continue providing services to all residents, regardless of health coverage.

Community & Workforce Enhancement

- Office of Rural & Community Affairs - Colonia Economically Distressed Areas Program (CEDAP)
- Texas Community Development Block Grant Program (TxCDBG)
- United States Department of Agriculture Rural Development Housing
- Workforce Investment Act grants
- Workforce Innovation & Opportunity Act grants

Education:

- Head Start Program
- Early Head Start Program
- Emergency preparedness and response
- Texas Nurse Family Partnership

Health and Nutrition

- Adult Safety Net Program
- Breast and Cervical Cancer Screening
- Texas Vaccines for Children Program
- Cancer Prevention Research Institute of Texas (CPRIT) programs
- Family Planning (formerly Title X and XX)
- Healthy Start Initiative
- Ryan White HIV/AIDS Program
- Women's Health Program
- Women, Infants and Children (WIC)

Medicaid Supplemental Payment Programs

- Ambulance Reallocation Uncompensated Care (AR-UC)
- Delivery System Reforms Incentive Payments (DSRIP)
- Disproportionate Share Hospital Payments (DSH)
- Uniform Hospital Rate Incentive Payments (UHRIP)
- Uncompensated Care (UC)

KEY HEALTH CHALLENGES

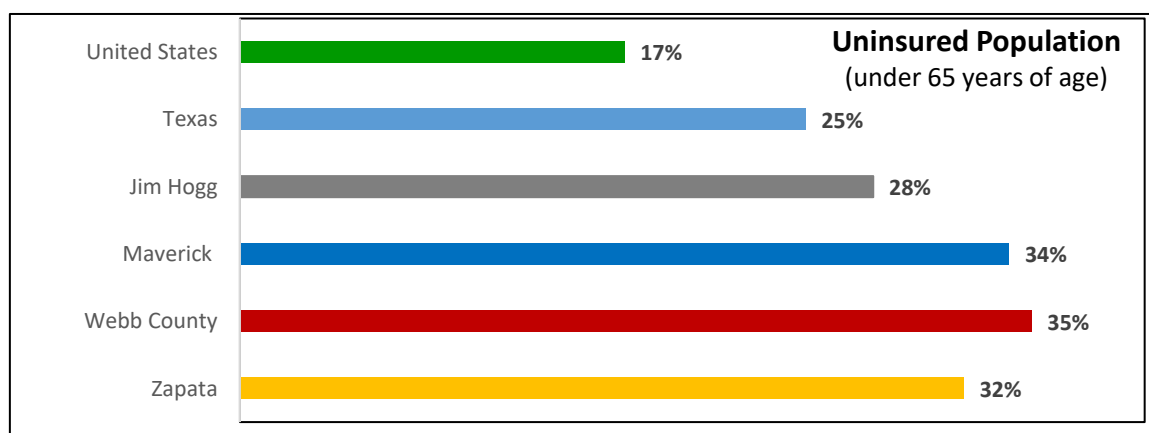
The top key health challenges for Region 20 include: access to care, chronic disease and disease self-management, high hospital emergency department utilization, mental health, primary health & behavior health integration. In addition, the lack of local financial resources to overcome some of these issues creates an overarching challenge to the provision of health care for the residents in this region.

ACCESS TO CARE

The ability to access health care is a great challenge in this region, not only because of the lack of qualified physicians and mental health professionals, but because of the socio-economic challenges that residents face such as inability to pay for medical care, lack of transportation, and residing in rural areas.

Health Coverage

The lack of health coverage is one of many barriers that the residents in Region 20 face in accessing health care. Close to one-third of the population (108,637; 31%) in Region 20 is uninsured while 28% of the population (97,991) is covered by private insurance. The remaining 41% of the population (145,905) rely on state and federal programs such as Medicare, Medicaid, or the Children's Health Insurance Program (CHIP) to provide for their health care needs. The region's dependency on public health coverage, with low reimbursement rates to providers ranging from 40% to 75% less than private health insurance, has a significant impact on the number of providers willing to accept patients covered by public health programs³⁵.



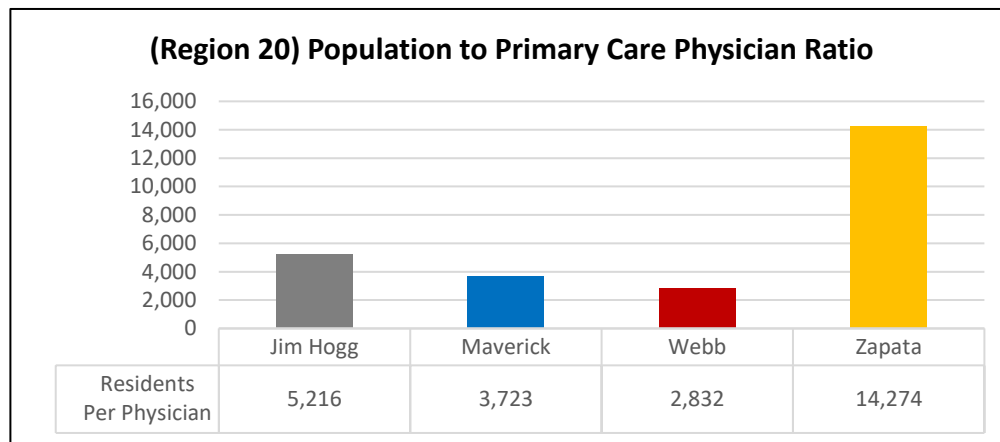
³⁵ <http://www.modernhealthcare.com/article/20130427/INFO/304279903/>

With a regional unemployment average rate of 12.33% and a poverty rate of 27.95%, the high costs of health care and the uninsured population prevent people from accessing routine and preventative medical care. Uninsured residents with an economic disadvantage can incur financial difficulties due to the inability to cover their medical debt.³⁶

Lack of Qualified Medical Providers

The lack of qualified medical providers in Region 20 directly affects access to care. Recruitment and retention of qualified primary and specialty physicians and qualified mental health professionals is a challenge for the Region. There is a demonstrable lack of primary care physicians in each of the counties that make up Region 20, as shown in the table below:

	Jim Hogg	Maverick	Webb	Zapata	Regional Total
Primary Care Providers (PCP)	1	15	95	1	112
2015 Population	5,216	55,840	269,046	14,274	334,376
Population to PCP Ratio	5,216	3,723	2,832	14,274	2,985



While residents in Jim Hogg and Zapata counties typically travel to Webb County for medical care, Webb County is also limited in specialty care providers, such as pediatric specialists. Pediatric specialty physicians based in Nueces County will often travel to Webb County to provide pediatric specialty care services to local and area residents.

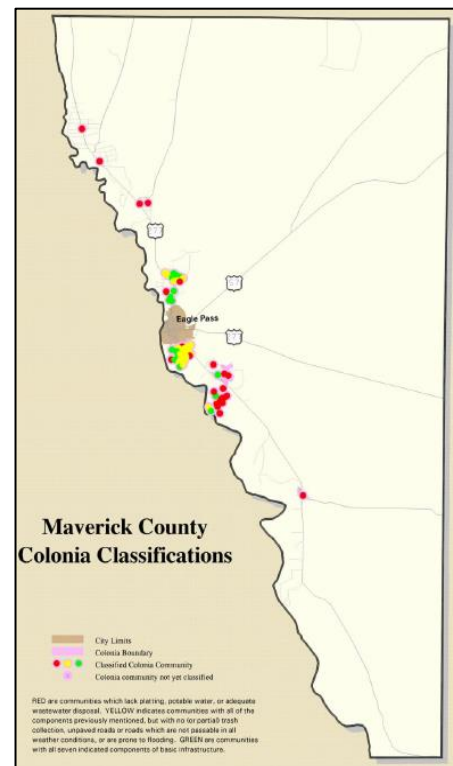
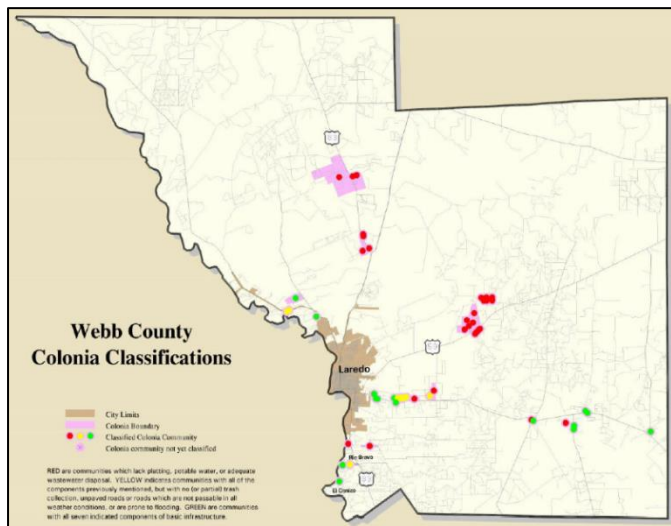
³⁶ <https://www.kff.org/report-section/the-uninsured-a-primer-key-facts-about-health-insurance-and-the-uninsured-under-the-affordable-care-act-how-has-health-insurance-coverage-changed-under-the-aca>

Rural Communities

Persons residing in rural areas designated as unincorporated communities or *colonias* face unique challenges to accessing health care. Within the rural areas of this region, there are over 130 *colonias*, which lack basic services such as water/sewer connections, electricity, paved roads, etc. Maverick County has over 70 *colonias* and Webb County has over 60 *colonias*.³⁷

These residents face challenges accessing medical services due to:

- lack of transportation
- being uninsured or underinsured
- not knowing about available social services
- immigration status and language barriers.³⁸



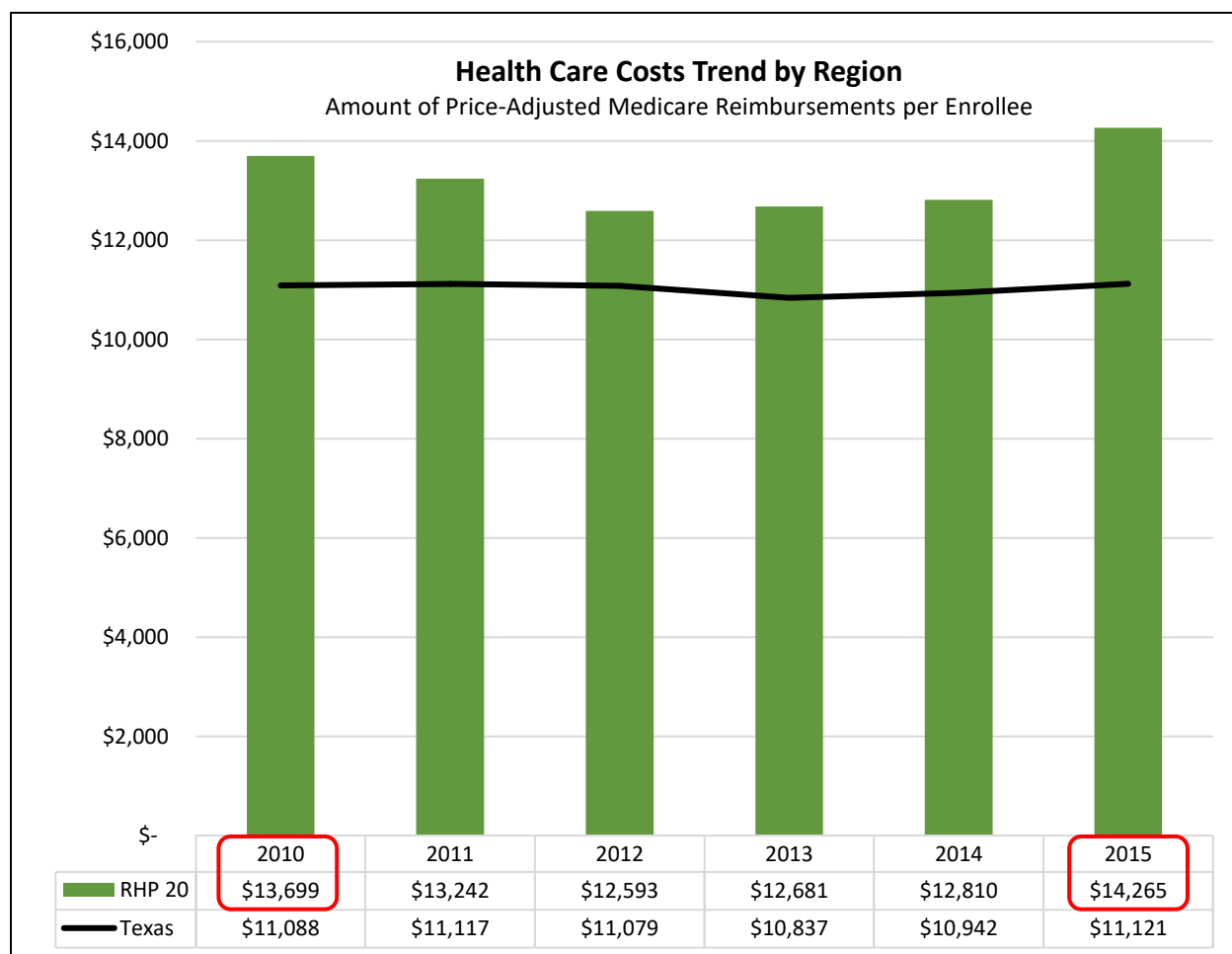
Access to emergency care is also a challenge in Jim Hogg and Zapata counties since they do not have a local hospital. The nearest hospital in Region 20 from Jim Hogg County is approximately 85 miles (170 miles roundtrip) and from Zapata County, approximately 65 miles (130 miles roundtrip). The lack of or limited availability of medical professionals or facilities in Region 20 not only affects the uninsured, but the insured population as well which leads to untreated illnesses.

³⁷ <https://www.sos.state.tx.us/border/forms/2014-progress-legislative-report.pdf>

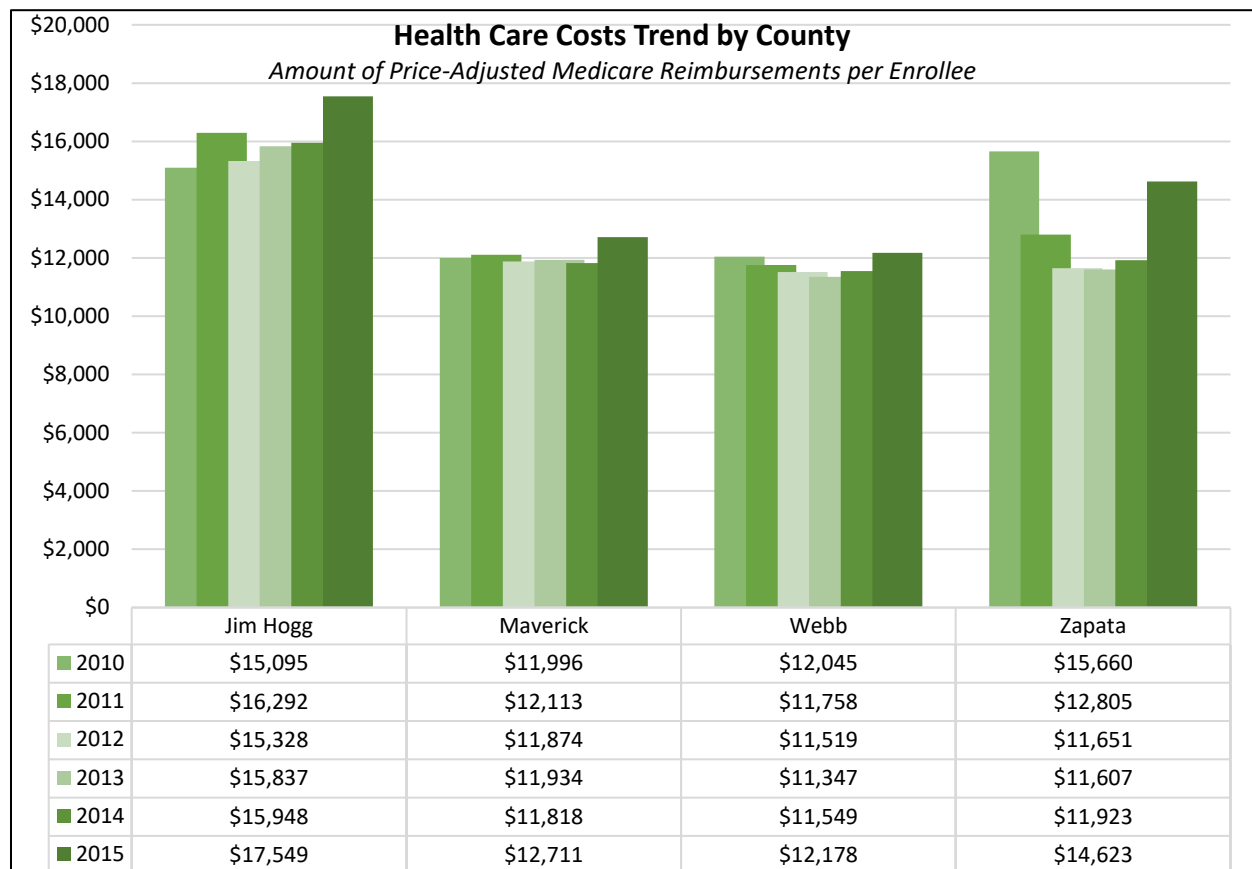
³⁸ <https://www.sos.state.tx.us/border/forms/2014-progress-legislative-report.pdf>

COST OF HEALTHCARE

The average cost of healthcare in the United States is \$5,600 per individual, and \$15,700 per family per year.³⁹ The Affordable Care Act improved the ability to get coverage, but it remained out of reach for many Americans, including those in Region 20. With high poverty rates and a scarcity of healthcare infrastructure and resources, access to equitable care continues to be unattainable for many. A population trend towards lack of insurance also plays a role in attracting providers to serve in rural communities. Those communities that share a border with Mexico often seek out affordable alternatives. Mexico's socialized healthcare model provides access and affordability, but little oversight. And yet, this remains a viable alternative for those seeking healthcare, but whom are unable to fully access the U.S. health care system due to a lack of education in healthcare benefits or an unwillingness to participate in an unfamiliar system. In Region 20, healthcare costs have increase from \$13,699 in 2010 to \$14,265 in 2015, an increase of 4.13%.



³⁹ www.statisticbrain.com/health-insurance-cost-statistics



CHRONIC DISEASE & SELF-MANAGEMENT

Chronic disease is characterized as any condition that requires ongoing adjustments and continuous interactions with the health care system. The most recent data show that more than 133 million people (40%) of all Americans live with a chronic condition. According to the National Health Council, that number is projected to reach an estimated 157 million people by the year 2020. More than half of those will suffer with multiple conditions and more than 75% of all health related expenses are directly tied to the care and treatment of chronic conditions.⁴⁰

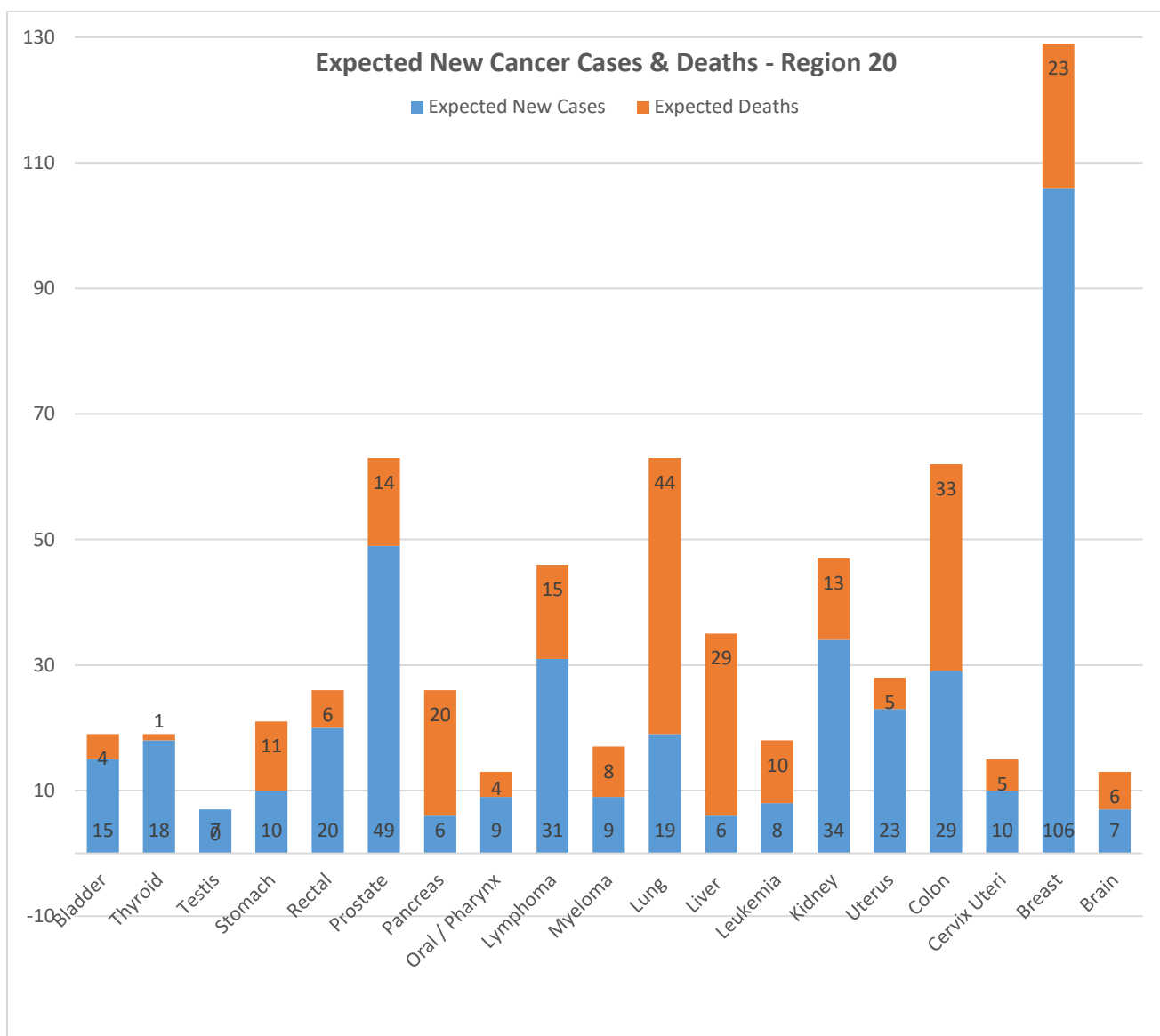
Chronic conditions such as heart disease, diabetes, obesity, and cancer continue to be prevalent within Region 20. The demand for treatment is high among patients with chronic conditions but the availability of services is minimal due the region's provider shortage. Integrating disease self-management and health education into preventive primary care services is crucial. Through disease self-management, Region 20 providers can work toward reducing chronic diseases,

⁴⁰ http://www.nationalhealthcouncil.org/sites/default/files/NHC_Files/Pdf_Files/AboutChronicDisease.pdf

reduce the need for acute care, improve healthier lifestyle choices, and reduce chronic and acute disease complications.

Cancer

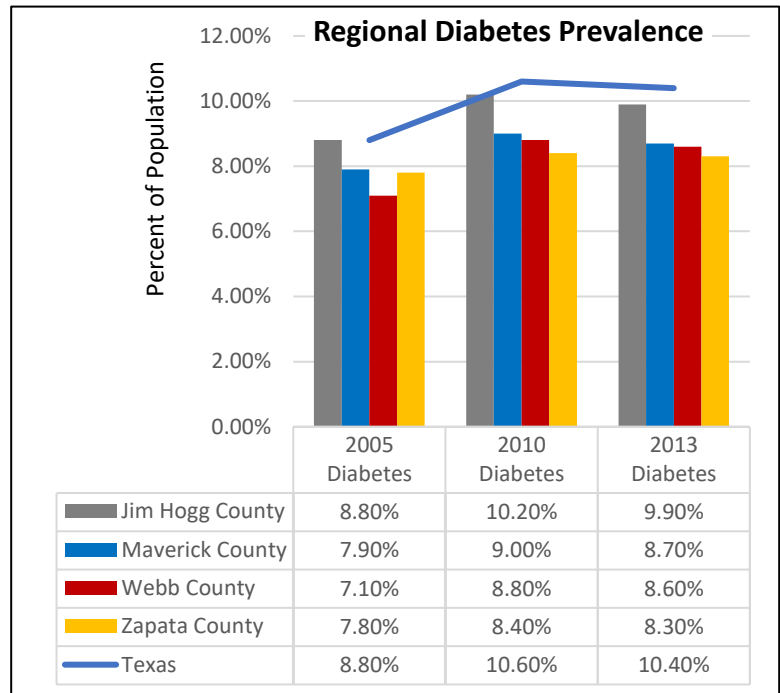
According to the Texas Cancer Registry under DSHS, there are over 773 expected new cases of cancer (all sites) and over 317 deaths due to cancer for Region 20 in 2018. This accounts for 0.64% of expected new cases and 0.71% of expected deaths compared to the State of Texas⁴¹.



⁴¹ <http://dshs.texas.gov/tcr/data/expected-cases-and-deaths.aspx>

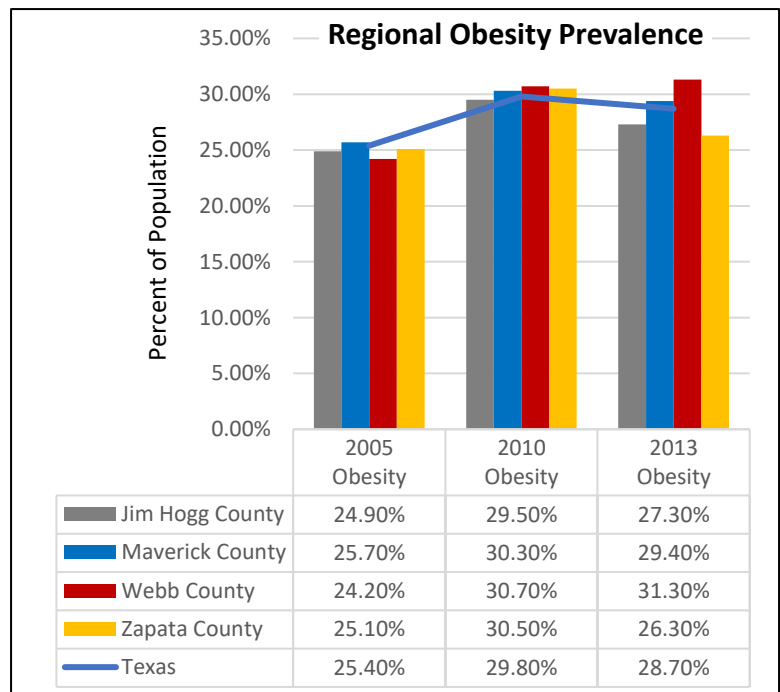
Diabetes

Diabetes is the seventh leading cause of death in the United States⁴² with a state mortality rate of 19.9 in 2013⁴³. Diabetes prevalence—which is the total number of existing cases, including new cases—among adults has gone up from 8.80% in 2005 to 10.60% in 2010 and has held steady at 10.40% in 2013 for Region 20.



Obesity

The national rate of obesity in the US is estimated to be more than one third of the adult population (36.5%). The obesity prevalence rate of 28.58% in 2013 for Region 20 is on par with the state prevalence rate of 28.70%. Obesity has an adverse effect on the incidence of diabetes as well as other preventable health conditions such as heart disease, stroke, and certain types of cancers.



⁴² <https://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2017-508.pdf>

⁴³ <https://www.dshs.texas.gov/chs/vstat/vs13/data.aspx#death>

HIGH EMERGENCY DEPARTMENT (ED) UTILIZATION

Reports published by the Texas Department of State Health Services on 2013 hospitalization data indicated that there were over four thousand (4,057) potentially preventable hospital admissions among the three acute care hospitals in Region 20⁴⁴. The conditions studied include: pneumonia, dehydration, urinary tract infection, angina, congestive heart failure, hypertension, asthma, chronic obstructive pulmonary disease, and diabetes. These hospitalizations are considered “potentially preventable” because “if the individual had access to and cooperated with appropriate outpatient health care, the hospitalization would likely not have occurred.” The total hospital charges for these admissions exceeded **\$213** million with an average charge of **\$52,575** per admission.

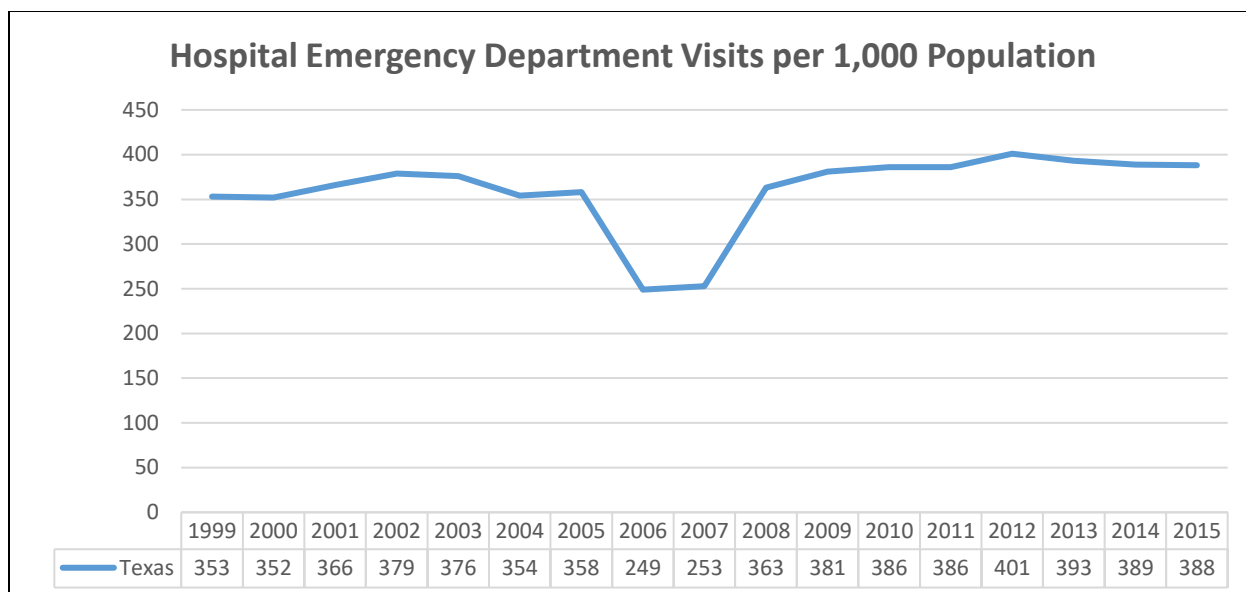
In Region 20, Bacterial Pneumonia is the most common reason for hospitalization (1,013) while Dehydration has the longest average length of stay (17.4 days). Urinary Tract Infections are the most expensive with an average charge per hospitalization of \$102,498 in comparison to Congestive Heart Failure with an average charge of \$47,866 per hospitalization.

Region 20 Potentially Preventable Hospitalizations - 2013	No. of Hospitalizations	Avg. Length of Stay	Total Charges	Avg. Charge per hospitalization
Angina	265	3.67	\$4,397,873	\$16,596
Asthma	156	3.73	\$3,190,898	\$20,454
Bacterial Pneumonia (other pneumonia)	1,013	6.48	\$37,288,262	\$36,810
Chronic Obstructive Pulmonary Disease	471	4.88	\$21,855,490	\$46,402
Congestive Heart Failure	721	5.88	\$34,511,623	\$47,866
Dehydration (Electrolyte Disorder)	188	17.40	\$8,819,731	\$46,913
Diabetes	290	7.26	\$11,427,816	\$39,406
Hypertension	82	3.56	\$2,528,200	\$30,832
Urinary Tract Infection (Kidney & UTI)	871	4.78	\$89,276,042	\$102,498
Region 20 Totals	4,057	6.40	\$213,295,935	\$52,575

A hospital’s emergency department is not for primary care usage as it is intended to deal with critical care situations in a rapid and efficient manner. Emergency room usage in the nation is at an all-time high with Texas reporting 388 ER visits per 1,000 population, placing the state at a rank of 30 out of 51. The Henry J Kaiser Family Foundation (KFF) released a trend study that indicates that ER visits in the state have decreased over time, but remain high compared to other states.⁴⁵

⁴⁴ <http://healthdata.dshs.texas.gov/Hospital/InpatientUtilization>

⁴⁵ <https://www.kff.org/other/state-indicator/emergency-room-visits-by-ownership/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>



A 2017 study by the University of Maryland - School of Medicine revealed the following:

- Minority groups are more likely to use the emergency department as their primary method of healthcare
- Uninsured patients are “significantly more likely” to use the emergency room
- There is an increased reliance on hospital emergency rooms by vulnerable populations⁴⁶

Increased hospital emergency department visits contribute to rising costs in healthcare and tend to overwhelm the available resources in the emergency room. Region 20 has responded by offering primary and specialty care initiatives that extend infrastructure outside of the normal healthcare parameters and meet the patients at their point of need. The emergency department may not be the best option for non-emergency care, but sometimes it remains the most accessible method of healthcare, especially for the uninsured that may not have access to primary care.

⁴⁶ <https://www.sciencedaily.com/releases/2017/10/171017091849.htm>

Hospital costs for Unauthorized Immigrants

The high population of unauthorized immigrants in the border counties of Texas are not eligible for basic Medicaid coverage and cannot purchase insurance via the Market place⁴⁷. Unauthorized immigrants are estimated to total more than 11 million in the United States with approximately 13% (1,430,000) residing in Texas alone. These residents are often left with no alternative but to obtain services at the emergency department when needing medical care. This puts an added cost to our regional hospitals with HHSC reporting an estimated cost of \$90 million dollars spent on healthcare for undocumented immigrants as shown in the table below:⁴⁸

Comparison of Estimates in Previous Reports and Current Estimate				
	FY 2007	FY 2009	FY 2011	FY 2013
Inpatient hospital	\$252,300,000	\$275,010,314	\$299,203,323	\$299,447,148
Outpatient hospital	\$11,200,000	\$13,248,238	\$24,845,002	\$26,084,046
Professional and other services	\$53,700,000	\$20,778,110	\$16,591,396	\$19,043,497
Vendor Drug	\$124,500	\$159,096	\$93,345	\$97,954
(A) Sum of Expenditures	\$317,324,500	\$309,195,758	\$340,733,067	\$337,672,645
(B₁) Estimated amount paid for services to undocumented immigrants	\$ 200 million	\$ 195 million	\$ 215 million	\$ 221 million
(B₂) Texas' share of TP 30 expenditures*	39.23%	31.74%	32.68%	40.79%
(C) TEXAS' SHARE OF EXPENDITURES	\$ 80 million	\$ 62 million	\$ 71 million	\$ 90 million

*FY 2009 and 2011 represent years for which the Federal ARRA program reduced Texas' share of CHIP payments.

MENTAL HEALTH

The National Alliance on Mental Illness (NAMI) believes that “one in five Americans experiences mental illness in their lifetime. One in twenty-five Americans experience a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.” Mental and behavioral illness can affect people regardless of age, race, income bracket, or religious beliefs. The stigma against mental health due to cultural or religious beliefs further restricts those who seek access to mental health care outside of the routine provision of primary care.⁴⁹

According to the Texas Judicial Council, approximately 1 million adults and 500,000 children out of the 27 million Texas residents experience serious mental illness or severe emotional disturbances such as schizophrenia, bipolar disorder, major depression, and post-traumatic

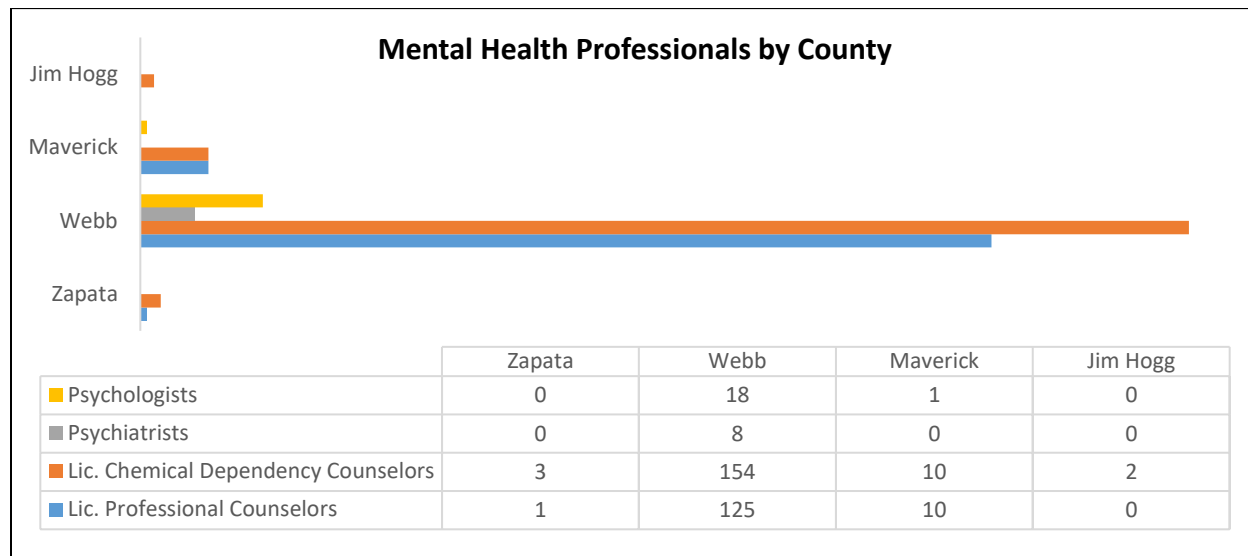
⁴⁷ <https://www.kff.org/report-section/the-uninsured-a-primer-key-facts-about-health-insurance-and-the-uninsured-under-the-affordable-care-act-how-has-health-insurance-coverage-changed-under-the-aca>

⁴⁸ <https://hhs.texas.gov/sites/default/files/hhsc-benefits-provided-undocumented-immigrants.pdf>

⁴⁹ <https://www.nami.org/blogs/nami-blog/july-2015/dispelling-myths-on-mental-illness>

stress disorder. Over 1.6 million adults and over 181,000 children have issues with substance abuse which is often linked to mental illness. “These Texans and the communities in which they live frequently find themselves navigating the challenges of mental illness in jails, hospital emergency departments, adult criminal and juvenile justice agencies, schools, and child protective services. These settings often are more expensive and less effective for treating mental illness.”⁵⁰ Currently, there are no facilities in Region 20 that provide treatment and ongoing support to persons with substance abuse issues so these patients must travel outside of the region to obtain detox and rehabilitation services.

With a population of over 270,000 and only 19 psychologists and 8 psychiatrists available in Region 20, the approximate ratio of mental health professionals is 6,726 and 2,989 per provider. Although the majority of these providers are located in Webb County, it is still an underserved area.



In 2015, there were 21,271 actively licensed professional counselors (LPC) providing direct patient care in Texas. This number represents a 34.8% increase since 2010 and a 95.2% increase since 2005. Relative to population growth, the size of the LPC workforce has improved by 38.3% over the past ten years. Despite these improvements, Texas still has fewer licensed professional counselors than the national average. Licensed professional counselors are not evenly distributed throughout the state since there are 53.5% more LPCs in metropolitan areas versus non-metropolitan areas even after controlling for population differences. Between border and non-

⁵⁰ <http://hogg.utexas.edu/wp-content/uploads/2016/11/report-and-recommendations-of-tjc-mental-health-committee-final-w-cover.pdf>

border areas, the difference in distribution was 68.3%. It is expected that by 2025, over one-third (35.4%) of the LPC workforce in Texas will be at or past retirement age.”⁵¹ The availability and access is decreased within Region 20 due to several limiting factors such as salary range, cost of living, limited links with institutions of higher learning, poor media perception, and limited personal growth opportunities. By 2025, Texas is projected to have a negative adequacy with demand outpacing supply by 8.3%.⁵²

PRIMARY CARE & BEHAVIORAL HEALTH INTEGRATION

Another key health challenge in this region is primary care and behavioral health integration. Within the primary care model, there is a subset of routine care devoted to behavioral health. The responsibility is two-fold: the primary care clinician who identifies a personalized treatment plan to best treat the patient’s physical and mental health illnesses and the patient who works to comply with and follow the plan developed in conjunction with their physician. The model works most of the time, but there are limitations in its application. Some of these limitations are specific to the population within Region 20 such as: high poverty rates, language barriers, transportation issues, and a cultural stigma against behavioral health services. “Latinos don’t really talk about mental health, which is still shrouded in a negative stigma. Only 20 percent of Latinos with symptoms of a psychological disorder talk to a doctor about their concerns, and only 10 percent contact a mental health specialist”, according to the National Alliance on Mental Illness⁵³.

CHALLENGES BY PROVIDER INQUIRY

Providers in Region 20 were surveyed and interviewed to discuss challenges that they felt were specific to their target population. The following issues were identified:

Provider Shortage

- Staffing and staff turnover at all provider levels has been a challenge.
- Due to provider shortage in the region, providers must recruit staff from other areas who commute to this region to provide needed services.

⁵¹ dshs.texas.gov/chs/hprc/publications/2015/LPCFactSheet_2015.pdf

⁵² <https://bhwa.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-state-projections2013-2025.pdf>

⁵³ <https://www.nami.org/Find-Support/Diverse-Communities/Latino-Mental-Health>

- Many organizations continue to be in a position that they can only contract out with *locum tenens* physicians and are not able to hire and fill full time positions due to low salaries.

Transportation

- Transportation issues continue to exist for patients trying to access the clinic.
- Lack of accessible client transportation for multiple appointments within the same community.
- Public transit is not always readily available, especially in the rural areas, and private travel arrangements can be costly.

Treatment Delays

- Delays in obtaining pre-authorizations for medical services such as radiological tests, hospital admissions, or medical equipment continue to be an issue for some providers with both public and private health coverage plans as they cause delays in obtaining appropriate medical care.

EXPECTED CHANGES

The expected changes to Region 20 include continued population growth, uncertain economic development, changing immigration trends, continued decline in provider availability, and sustainability challenges for some regional providers.

From 2000 to 2010, the region as a whole saw a population increase of 25.6%. However, the population increase was only 6.3 % from 2010 to 2015 with Webb County having the highest growth of 7.5% and Jim Hogg County with a decline of 1.6%.

Future population totals may also be misrepresented since unauthorized immigrants may be reluctant to participate and disclose their household data in the upcoming U.S. Census due to their legal status and current immigration policies. This will further impact local, state, and federal funding allocated based on population totals to Region 20 as they may not reflect the actual population served.

With continued population growth, the strain on the already limited health infrastructure will continue to increase and negatively impact access to healthcare. The residents of this region will

continue to face a declining medical provider base due to retirement, low recruitment, and the exodus of new providers to more metropolitan areas.

Additionally, the current Presidential Executive Order on Border Security and Immigration Enforcement Improvements may negatively affect trade policies with Mexico. A decline in the economy can have a major effect on Region 20 as three of the four counties are ports of entry with a reliance on trade with Mexico. The symbiotic relationship between border communities means that any policies that jeopardize the Mexican economy will have a reciprocal effect on the Texas border counties, impacting unemployment and poverty rates.

SUMMARY OF COMMUNITY NEEDS

Findings

- **CN 1: Primary and Specialty Care Capacity** - The demand for primary and specialty care services exceeds that of available medical physicians and non-physician practitioners in these areas and prevents adequate access to care and management or specialized treatment for prevalent health condition and preventative health conditions. The region also currently lacks a children's hospital and there is a need for specialized children's care coordination and support.
- **CN 2: Behavioral Health Services** – Existing behavioral health services resources are insufficient to meet the current population needs and the projected population growth.
- **CN 3: Chronic Disease and Disease Self-Management Initiatives** – As chronic diseases become more prevalent in Region 20, the need for early interventions for chronic diseases and the implementation of disease self-management initiatives is in dire need.
- **CN 4: Patient Navigation and Coordination** – The lack of care coordination and navigation can result in hospital readmissions due to non-compliance with medical treatment plans and the inability to navigate the health care system. Due to the complex needs of the community and the medically underserved status, it is important to note that the population may not have the knowledge or resources available to complete their treatments.

- **CN 5: Infrastructure** – The low population and other socio-economic factors in Region 20 have resulted in a lack of medical facilities to provide services such as urgent care and acute hospital care. This is further impacted by the current professional shortage, impending retirement of an aging professional community and the lack of sufficient medical professionals to take their place.
- **CN 6: Substance Abuse Treatment** – Due to the correlation between mental health issues and substance abuse, the need for facilities that provide substance abuse treatment and support are needed. Currently, the only options available for persons having substance abuse issues have been hospital emergency departments, incarceration, and the justice system which are not equipped to treat substance abuse and can be more costly.

DEVELOPMENT PROCESS

In order to update the Community Needs Assessment, Region 20 reviewed, identified, and updated the regional priorities through data analysis and review of appropriate reference materials on health care capacity, behavioral health, and chronic diseases in conjunction with socioeconomic conditions and unique demographic trends within the region. An independent consultant was contracted to assist in the development of this CNA by obtaining supporting data and provider feedback.

POSITIVE IMPACT

The 1115 Waiver has provided an avenue for our providers to implement innovative programs and improve the healthcare of the residents in Region 20 by transforming the manner in which services are delivered. Partners have improved collaborative efforts and interaction amongst providers has opened doors towards sustainability. In the words of one provider, “1115 has allowed us to be more courageous, to take steps that we wouldn’t have taken otherwise...” Reaching forward to DY7 and beyond, providers are setting realistic goals and objectives while keeping in mind the specific needs of their respective communities. Pilot programs in expanding primary and specialty care, integration of behavioral health, veterans support services, telemedicine, and traveling health teams highlighted and addressed existing needs with innovative approaches to respond.

Hospitals / Hospital Districts

Doctors Hospital of Laredo (DHL) was able to open the Mines Road Clinic to provide primary health care access to over 1,600 underserved residents in North Laredo. Their mobile unit was a great addition to our community as well. This allowed Doctors Hospital to take health care services to the rural areas of Webb County whose population has difficulty commuting to the city to seek services. A risk stratification tool was implemented at the hospital that required all hospital readmissions to be triggered for a follow-up by a Nurse Navigator to identify any patient needs to avoid a readmission.

Driscoll Children’s Hospital (DCH) was able to implement a Maternal Fetal Medicine Program, which provided maternal specialized services to pregnant women. Additional clinic days and services such as pediatric cardiology services were also provided. They were able to meet their training goals to be able to provide valuable preventive services to infants and young children

during well child visits. They have also been able to meet all of their goals and have expanded educational sessions into an additional county.

Laredo Medical Center (LMC) opened two new primary health care clinics that have provided valuable access and quality of care to low income/uninsured patient population. LMC continues to provide services to hematology and oncology patients and has increased the physician's office hours. They have also added additional staff to their infusion center that provided 9,675 chemotherapy treatments during DY6.

Laredo Medical Center (LMC) continues to survey all patients at each visit and analyze the information collected to further improve patient experience at the Zapata Family Medical Clinic. Another successful project was to education patients and the community on obesity prevention and management. They were able to conduct seven education sessions for 126 patients.

The Maverick County Hospital District (MCHD) has improved patient satisfaction by allowing patients to receive oncology services at their place of residents in an efficient and timely manner. Specialized care in the area of oncology is very limited, but the demand continues to grow. Expansion in this field has increased capacity to better serve the population.

Local Health Department

The City of Laredo Health Department (COLHD) has been able to increase patient care access within their primary care services by extending hours and clinic operations. The Disease Self-Management program has improved health outcomes of 73 patients with diabetes and/or hypertension as well as their family members. This program promotes healthier behaviors and lifestyles to all participants.

Local Mental Health Authorities

Border Region Behavioral Health Center (BRBH) provides services to Jim Hogg, Webb and Zapata county residents. Border Region was able to purchase equipment and contract with 63 providers to implement telemedicine services to clients in this region. They currently have 13 tele-med units within the region. Facing a shortage in behavioral health specialists, the integration of tele-med services has not only increased access and client participation, but it has also helped meet the increased demand. BRBH increased the salaries of Licensed Practitioner of the Healing Arts (LPHAs), Registered Nurses (RNs), Licensed Vocational Nurses (LVNs), and Licensed Chemical Dependency Counselors (LCDCs) to increase the number of providers in this area since there is a shortage in those disciplines. They have also contracted with East Texas for LPHA and psychiatric

services for crisis in all counties served. Another service that Border Region has implemented is primary care services, well woman exams and wound care among other services. Integrating primary care and behavioral health makes the system more efficient.

Camino Real Community Services (CRCS) provides mental, behavioral and intellectual disability services to Atascosa, Dimmit, Frio, Karnes, La Salle, Maverick, McMullen, Wilson and Zavala counties. Under the 1115 Waiver, they were able to construct a residential treatment center that serves as a community-based alternative to individuals experiencing a mental health crisis while decreasing the number of inpatient hospital admissions. They worked with local FQHCs to co-locate primary care and behavioral health care services in order to improve overall health and improve access to needed services. Their Peer-to-Peer (Vets Helping Vets) counseling and support services delivered essential community services to local veterans and helped overcome challenges specific to this population such as resistance to mental/behavioral health services, lack of transportation, and unavailability of housing options during times of crisis.

Academic Health Science Centers

The University of Texas Health Science Center – San Antonio (UTHSC-SA) worked in conjunction with the Epilepsy Foundation for South Texas to establish outreach clinics to improve access to epilepsy care in Maverick, Val Verde, and Webb counties. Epileptologists and support staff such as case managers, social workers, and patient services representatives, traveled to these counties to ensure patient compliance with their treatment plans.

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